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The care of the human mind is the most noble branch of medicine.—GROTIUS.

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AMERICAN JOURNAL OF INSANITY, FOR JULY, 1884.

HEREDITY.*

BY JOHN P. GRAY, M. D., LL. D.,
Superintendent of the State Lunatic Asylum, Utica, N. Y.

Heredity is one of the indisputable facts in nature. It confronts us at the outset, in the study of natural science, medicine and jurisprudence, and bears upon the most important subjects connected with social life, whether viewed from a scientific or practical standpoint.

In his "First Principles" Herbert Spencer states the general law of heredity as follows: "Understood in its entirety the law is that each plant or animal produces others of like kind with itself." Herbert Spencer's dictum amounts really to saying that every organism tends to re-produce its kind, and this he limits by adding that the likeness consists "not so much in a repetition of our individual traits as in the assumption of the same general structure."

Some writers (Mercier and Ribot), have tried to graft upon this simple proposition the statement as a law, that "every attribute of the parent tends to be inherited by the offspring. Inheritance is the rule; non-inheritance the exception."† That is to say, all the

* Address as President of the Association of Medical Superintendents of American Institutions for the Insane, delivered at the Thirty-eighth Annual Meeting, held at Philadelphia, Pa., May 13, 1884.

† MERCIER, *Journal Mental Science*, October, 1892, p. 337.

characteristics and peculiarities, however trifling, tend to be inherited, and will be, unless prevented by some opposing influence.

This is made to include what is called "morbid heredity," the characters of disease, as well as the structural and other physical traits. This morbid heredity is made to begin with the act of generation. "As far as the father's influence is concerned, any hereditary predisposition which may exist may be transmitted at the moment of conception; when the ovum is impregnated it is subjected to the mother's diseases or predisposition to disease."*

The same writer quotes Lucas as to the question whether this principle of heredity applies to disordered as well as healthy mental characteristics. Lucas says, "There is no pathological state of being where the intervention of morbid heredity is more remarkable and more remarked." He quotes also the declaration of Burrows; that while "mania and melancholia do not propagate their respective types,"—"one type only of mental derangement can be said to propagate itself—the propensity to suicide." He refers also to Moreau and other authors to show that "cerebral disorder may be transmitted by either parent."

We might add largely to this list and refer to the many cases that are cited to sustain this view. We have made these few quotations simply to show what is meant by the term morbid heredity. Cases are not only numerous given by authors, but the various facts collated as to variation and domestication of animals and plants are brought in to sustain this theory of morbid transmission as a principal factor in insanity; and even the chemistry of metals and gasses is applied

* Bucknill and Tuke, p. 66.

to the nervous system* to show the *rational* of inbreeding, hybridism, and crossing of parentage.

Now, so far from its being true that every attribute tends to be inherited, we had supposed that even on the theory of evolution itself, by what Mr. Darwin has to call "some unknown law in the constitution of the organism," and for the protection of the species itself, there was an inherited tendency just the other way; that is to eliminate all unfavorable attributes of progenitors, whether by disease or otherwise, and whether acquired by accidents of environment or otherwise. We believe this to be the true law in nature. Disease is a "tendency" to death, to extinction. The "tendency" in *genera* and species is directly antagonistic to this—that is to life and perpetuation. Were it otherwise, were the law and "tendency" of nature to continue and intensify these destructive operations, its cumulative force would soon bring species to an end. The fact is, the whole force of an organism, as an organism, is set in array against any disintegrating influence, whether in the structure itself, or the environment. More facts can be gathered to show how unfavorable conditions in the structure, or morbid functions in the organism, have been neutralized or overcome in the offspring than can be adduced for any special morbid transmission. Indeed, what is often attributed to "morbid heredity" will be found to be due simply to parallelism or similarity in education and environment. Special characters are often due to unconscious imitation from infancy to manhood; a gradual process of education; like causes are apt to produce like effects, without the necessity of being handed down through natural generation. Indeed, this is accepted as a rule. If puerperal conditions, or grief, or the worry of failure in

* MERCIER, *Journal Mental Science*, January, 1883.

business or other nervous shock or excitement produces insanity, it is not because there is any inherent connection between these things and insanity, but because they all *may* produce a certain effect upon the brain in its circulation and nutrition, interfering with its normal physiological operations; and if this effect is seen more speedily in some physical structures than others, while it is proper enough to say that the structures were inherited, it is not proper to say that they carried in them the disease which was the result of external influences.

An "insane diathesis" is a pure verbal fiction. The frailest physical structure will not develop insanity without an external cause, and the causes, as observed under experience, are largely within the control of due precautions. It is not unusual that writers have allowed a mere theory to run away with them, and it would not be difficult to give examples of many exploded theories in connection with psychology and insanity. Ribot has whole chapters on heredity of imagination in poets, in painters, in musicians, in men of science, philosophers and economists, authors and men of letters.

Now, no one would like to lay down a law that the son of a genius shall never in any case be a genius himself, but we are willing to leave it to the verdict of history whether hereditary genius in literature or art is not rather conspicuous by its absence. Of course, in support of any theory whatever, associated with life, a quantity of facts may always be forthcoming, but any catalogue of facts that can be made will always leave a majority of *all* the facts still to be integrated in a final system.

The facts that relate merely to structural features, supernumerary members, variations of aspect, size, color,

&c., have nothing to do with the transmission of morbid processes, but are simply varieties of abnormal peculiarities. Might we not as well pretend that a bruised fruit or seed would perpetuate its bruises as that a human organism would transmit a wound or a disease? Heredity has its proper place in natural science, and is but the expression of the primeval law of species; but we can not admit that it is responsible for such a thing as a positive disease of the brain, which all admit is the only basis of insanity, the mental disturbances being but symptoms of such disease. Morbid affections of the human organism developed by causes *ab extra* are to be distinguished from those normal forces of the organism that are inherent and operate *ab intra*.

While recognizing the great importance of heredity and admitting that it deserves great consideration in its bearing upon the development of man and the determination of his physical traits, I am equally satisfied that undue importance is attached to heredity in connection with the causation of insanity. The transmission of a physical type, with more or less resemblance, we have said, is a law of nature, and this law tends to maintain and perpetuate races and families. This law is written on men and animals, on trees, flowers and vegetation, generally. It is a conserving, universal law in nature. The natural physical characteristics in families may in some members by intermarriage be intensified but not to any great extent. The nose, the mouth, and the eyes, more frequently than any other part of the organism may have significant family or race type, and be very strongly marked in certain members. Occasionally a monstrosity of structure may appear in the hands or feet, and be perpetuated through two or three generations, in some members of the family; such as

five or six fingers or supernumerary toes, but these monstrosities are deviations in excess and are not permanently held as in the type. No six-fingered or seven-toed family has ever been established. Double-headed or four-armed, and three and four-legged people have been born, and some of them have lived to adult life. There are no instances of transmission. Cross-eyed, near-sighted vision, and such other physical deviations as have been mentioned, it must be borne in mind, are not instances of disease. These organs are healthy, just as crooked legs may be healthy, and they can not properly be used as illustrations of the heredity of disease. Disease is not a law of our physical or mental being. No person has ever been born insane. No person ever became insane simply because his father or mother, or both, or his grand-parents were insane. No person ever became insane simply because of any impression arising from parentage upon either his physical or mental constitution. Every person who becomes insane, whether he has had insane parentage or not, becomes so by reason of some physical causes operating to change the physiological state of the brain. Whatever his parentage may have been, insanity in him can only be developed by the same causes which produce it in persons who have no insane parentage. Parentage can not impress upon offspring even a tendency, or a "pre-disposition to insanity." The most it can do is to transmit a physical structure or organization which will be more liable to the operation of ordinary causes that produce disease in any form in people generally, insanity included. Those who have insane persons among their ancestors in a direct line, can only become insane therefore, as other people do, by the operation of the same causes. There is no law in their members tending or dooming or predestinating them to

insanity. If they are as strong in system as people who have no insane among their parentage, as they generally are, they have only to take the precaution and care that people generally need, and if they are not as strong, they must take more care against the exposures of life, as all delicate people ought to. This is all there is of this question—the sum and substance of the matter.

Diseases are accidental states produced from causes originating outside of natural bodies and natural states. Disease is not transmitted by birth, as disease, except through blood poisoning of the parent, as in leprosy, syphilis, and, perhaps, cancer. However, in syphilis it ends in the first generation. The deteriorated child of a syphilitic parent can not transmit syphilis. If the child of syphilitic parents is born healthy, syphilis can not be developed in any of its forms as the result of parentage alone.

The sins of parents, it is said, may be visited on the children to the third and fourth generation, but this is in their temporal or external consequences.

No man, however, is compelled or impelled by natural or divine law to commit the sins of his fathers. No man is born a forger, a burglar, a thief, an assassin, a murderer, because his grandfather or father represented one or other of these classes of criminals. Such parentage does not either impose a criminal life or a criminal tendency except through the processes of education, any more than a man is born fated to farming or blacksmithing or shoemaking or any other calling by reason of any paternal occupation or bent of mind. Occupations or crimes that are found to run in families are simply the result of education and training. They are not born or inbred. It would not require much observation to show that the sons and daughters of such

persons are not only not destined by birth to the profession or pursuits of their fathers, but are often not inclined to them or competent for them. Good parents have children who grow up in vice and crime, and criminal parents have children who grow up to the most exemplary lives. If this were not so, religion and morality and laws and institutions having for their object the reformation and improvement of mankind, would be meaningless and futile.

The phrase: "Blood will tell," is true in a broad sense. But take the millions of European nationalities who have come to the United States within the past century, a large proportion of whom have through social and governmental conditions that prevail in their native land, been poverty stricken, uneducated, many of them debased physically from dietary causes, and degraded mentally. What of their generations? To be sure many of them have remained just where they were, in poverty and degradation, and their descendants with them, because they have continued in the same plane of life. But the vast majority of their descendants have risen above the generations behind them under the improved conditions which they have voluntarily sought or have drifted into. It is true that while harmonizing with their new surroundings the descendants are changed in modes of thought, social ideas, etc., yet they retain the strong race characteristics, the physical and mental type. All this means normal, natural, healthy transmission, influence for good or evil by circumstances and education. Race characteristics remain unchanged. Family types vary; this is the natural law.

We might illustrate this point by the example of Australia. That was at first a penal colony. The conservative law of heredity in operation for a few

generations has not only not retained a society of criminals, but has redeemed and elevated their progeny, eliminating the evil mental and physical conditions under favorable surroundings and education. The same is strikingly true of Pitcairn's Island.

Indeed, in our land, the Indians have retained their race attributes against all the resources of Christian civilization and the destructive agencies of governmental power.

I am inclined to think that the doctrine of morbid heredity, so strongly held by some, was derived from a period when philosophy had more influence in forming opinions upon such matters than the science of physiology and practical medical observation.

Perhaps few men are in perfect bodily health, that is, in a state in which every part of the organism is not only in a perfect condition itself, but in which the whole is in harmonious, rhythmical action. Ordinarily effective health is maintained with quite a swing of the pendulum between physiological extremes, and this is varied greatly in different individuals. But this varying state is not disease; nor are people liable to disease in proportion to general delicacy of structure.

A common method of showing "heredity," is to take some exceptional family, one in a thousand or ten thousand, where several members have been insane. The numerical method does not take into account the accidental or incidental circumstances which develop or intensify the causes capable of producing insanity in each member of the family, without reference to relationship. Again, a family is taken where peculiarities are strongly marked and general family decay has set in. Such persons usually live differently from other people, and finally become eccentric and from depreciated health may become insane. To say that such per-

sons become insane without the operation of the ordinary causes of disease, is unscientific, and these occasional families can not be taken as evidence of the existence of a law of transmission of disease. Such instances simply prove the accidental conditions already referred to. These cases really do not make any exception to the law of disease as a factor of insanity. I recall an instance where the father became insane and three of seven children. All the children were born before the insanity of the father. There was no insanity on either side of the house. The cause of the insanity in each case was entirely adequate to its development without any reference to relationship or descent.

Practically the whole question of heredity resolves itself into this: How far an attack of insanity may wreck the constitution of a parent, impair the functional energies and by reason thereof give the offspring an enfeebled physical structure, not a structure with a proclivity to insanity or to any other disease, but simply a structure more liable to give way under the common and ordinary exposures of life and the causes which set up morbid processes in the human system. In the same manner an attack of pneumonia, or typhoid fever, or a profound malarial attack may impair the constitution of the parent, and the offspring may be less vigorous, and the resisting power in the organism may be less active, and in all such cases they may be more liable to give way under exposures than if the parent had not suffered constitutional impairment from any of the diseases mentioned.

This, however, is not an inherited proclivity or predisposition to insanity or any other disease, but the child begotten of parents of impaired constitution may (not will) have a feeblor structure with less resisting

power. If such a child is strong and healthy, it is in no more danger than if the parent had not had an attack of insanity or other disease.

The parents can not impregnate the child with germinal or peculiar cell structure predisposing to insanity or any other disease. If this were so, and there was transmission of disease, under such a theory the child would receive from the parent a fatal and inevitable proclivity to insanity. In that case, as a logical necessity, the child, whether it developed insanity or not, must retain the fatal power of communicating this proclivity to its offspring, and how is it to be obliterated? Indeed, all that would be necessary under such a theory to start a tainted family line would be for a parent to become insane. No matter what the conditions were that produced depreciation in health in the mother and finally developed insanity, she, having been insane, under such a theory would be endowed with the fatal power of communicating at conception the germ of an "insane diathesis." To be sure, writers put in certain guarding expressions as a caveat against such a logical issue. For example, Dr. Tuke says:* "virtuous and vicious tendencies would often *appear* to be hereditary; or, as congenital, are displayed from the earliest infancy in children subjected to the same educational influences." "The occurrence of insanity in a parent after the birth of the person affected can not be regarded as a certain proof of hereditary predisposition; at the same time such predisposition remains highly probable; its value may be judged of by the character of the attack under which the patient labored; whether, in short, it appears to have been accidental rather than exceptional." Does not this beg the question?

* Bucknill and Tuke, page 250.

The dread of heredity lies in the popular belief that it is a law of our being; that somewhere and somehow, lodged in us are the seeds of this disease, and while this has been taught in literature it comes down to us chiefly as a sort of legendary tradition. There are families who, when a member has become insane from legitimate causes, live in dread throughout their lives, covering ten, twenty and thirty years, and every illness and every condition of nervous depression wakes up a dread of insanity.

There is no reason why insanity should be especially selected, except for the mystery that has pertained to its history and treatment. There are other diseases of the brain, as apoplexies, paralyses, meningitis, &c., any of which *may* affect or impair the intellect. Natural death is where the physical machinery wears out; the morbid processes which we call disease may destroy the body and anticipate natural death. But these conditions are not self-developed, nor are they slumbering elements in the body. They come from external causes connected with life and its activities; the habits, the exposures, the vices, the accidents, the over-toil, the starvation, the excesses, the exhaustions—these and kindred causes induce physiological disturbances and set up the morbid processes which we call disease, and insanity is merely one of them, and, as we have said, one that is largely preventible.

Suicide is set down as among the tendencies inherited and, according to one writer already quoted, it “propagates itself.” It would seem impossible to conceive of the impregnation of an ovum with a predisposition to self-destruction. Suicide arises, not from impulse, or fatal inbred proclivity, but from illogical reasoning regarding the value of life, or a false personal estimate of its good and evil, by those who are brought face to

face with trouble. The suicidal thought comes to many when their experience reaches a point which leads them to ask, "is life worth living?" to others when they are brought to the verge of exposures in which their characters would suffer from their criminal conduct, to others when unjust accusations and slander come upon them and they stop to ask themselves the question if they can stand up against them; to others from mortification, disappointment and disaster, where their pride and self-love are deeply wounded. Again, it comes to others when owing to failure of health, they have delusional ideas of coming or present disaster to property, to family or reputation, or where under delusional ideas of their spiritual condition, they seek death as a relief from what they believe they can not endure; or because of the delusive idea that self-destruction is a command of their Maker to save themselves or to save others. Again, suicide is in a large number of cases simply imitation and morbid desire of notoriety, as in the instances of throwing one's self from dizzy heights of bridges, or towers, or precipices, or in other like ways; or it comes from the fatal notion that because some relative has committed suicide they are doomed to the same thing, and this is one of the evils, and one of the greatest evils, aided, if not countenanced, by this theory of inheritance.

Some years ago a person came from a distant part of the State in company with his wife to consult me in regard to his mental condition, he being in dread of suicide. He stated that his grandfather, uncle, father, one brother, older than he, had committed suicide at a certain period of life. He had reached that period and was in constant dread of the same fate overtaking him. He was an intelligent man; I explained the matter fully to him, pointed out the fallacy of such views, and

though he was satisfied he remained until the time had passed, then appreciated the subject and went home. I saw him several years afterwards in excellent health, and he said he had instructed his younger brothers and felt safe in regard to his children.

Careful examination of some thousands of suicidal cases reveals no instances beyond the classes I have cited. While writing I have a letter from a young man who some time ago attempted suicide. He gives this reason: "Unfortunately I became diseased. I applied to a physician and under treatment I was finally pronounced cured. Speaking with another physician upon the subject, he suggested that to be certain of cure I had better continue treatment, and he gave me a bottle of medicine. Revolving the matter over I thought 'perhaps I am permanently diseased; there seems to be no security.' After suffering a few days under this idea, I took the whole poisonous contents of the bottle, and came near destroying myself, simply to avoid the consequences of a revelation of my conduct."

Suicide is repugnant to nature and is in direct violation of the inherent law of self-preservation. It is condemned by both divine and human law. To dignify and excuse such an act by the plea of heredity is to play tricks with the common sense of mankind.

The question of inherited mental and moral traits is quite another field, and evidently outside of the range of disease. It is complicated and interwoven with the environment of the child from its birth; its domestic surroundings and the example of its parents from infancy, both through their own lives and the lives of their associates; in a word, the educational influences in the widest sense of the term. To this field belongs the so-called heredity of crime and intemperance.

These vices and criminal lives are simply the outgrowth of education, example, appetites and passions, and do not proceed from any inherited tendency.

Intemperance is set down as hereditary. Intemperance is not disease, however potent it may be in producing disease. Intemperance is simply vice. Few men of experience in the world but can recall families of drunkards. So we may recall families of smokers; it would be as logical to apply to this habit the doctrine of heredity in the form of an inherited tendency as it would be to the liquor habit.

In the plea of insanity for criminal acts, heredity, has, perhaps, figured more conspicuously than any other element or agency in defense of crime. It has been held up as a sort of underlying mal-influence, inherent in the very constitution, liable at any moment to break out; a general larvated state of body and mind, the "latent diathesis" liable to develop at any time; and this has too often been made to serve as a reason for the *possible* existence of insanity in any particular case. Heredity is strongly urged in what are called cases of moral insanity. According to its advocates a sort of moral scrofula pervades the emotional nature, dominating the sentiments and perverting or obliterating the moral sense. It is even claimed that the individual, under these circumstances is unconscious of this state of things; that his intellectual nature is not involved, but he does not recognize the "nature and quality of his acts," and of course "can not know that they are wrong." This plea has been urged in all kinds of cases and for a great variety of criminal acts, such as book stealing by ministers, pilfering by school girls and boys, shoplifting by women of respectability, or in cases of reputable persons shooting under jealousy and revenge persons who have despoiled their domestic life, or against whom

they have grudges, real or imaginary. Incendiarism, burglary, and even forgery have come under this category. In many of these cases the parents have not only not been insane but have led exemplary lives, and heredity can not be predicated.

Prof. Arndt* shows where the logic of such views may lead: "Morals and a sound psychological life," he says, "are inseparable. All immorality is a symptom of psychological disease," and declares "no person of sound mind ever commits a crime." Again—"each criminal is a diseased human being."

Even Dr. Clouston, in his able and interesting "Clinical Lectures on Mental Disease," recently published, seems (I am sorry to say,) to embrace all those artificial classifications of the various forms of what he would call "Monomania" and "Moral Insanity." In his description of the origin of monomania he thus states the first out of four different ways in which he claims it arises. "It is a gradual evolution out of a natural disposition, a proud man becoming insanely and delusionally proud, a naturally suspicious man passing the sane borderland with his suspicions. There is usually a hereditary predisposition to insanity in those patients. The disposition may, in fact, be regarded, as the nervous diathesis out of which the mental disease springs." (Page 201.)

It seems to be impossible to put scientific and intelligibly consistent meaning into such language as this. What is a gradual evolution out of a natural disposition in any physiological sense? How does a proud man become "insanely and delusionally proud" without the physical changes that imply the disease of the brain? For this is what he seems to insinuate when he says. "The (natural) disposition may in fact be regarded as

*Lehrbuch der Psychiatrie, 1883.

the nervous diathesis out of which the mental disease springs." He clings to the term "mental disease" with a tenacity worthy of the old days when insanity was regarded as an actual disease of mind. But if pride and suspicion and other unamiable traits are a "nervous diathesis," evolving into insanity, who is safe, and how are we to account for so large a proportion of cases in which the insanity first exhibits these traits preceded by no such "nervous diathesis?" How can a "disease" in any scientific sense spring out of a natural disposition, under the name of a "nervous diathesis?"

This "insane diathesis," or "insane temperament," as he elsewhere calls it, for illustrations of which he refers us to the "works of the modern psychological novelist," he differentiates from the German *Primäre Verrücktheit*, (or imbecility,) by saying that "the latter is an insanity naturally evolved in early life from the original constitution of a brain which may have been at first without peculiarity, but gradually, and inevitably and without any other cause than its own natural evolution, an unsound state of mind is developed without the preliminary explosion of brain storm in the shape of an attack of mania or melancholia." (Page 259.) Perhaps, however, the latter is not more fanciful than the former. It has not even been proved as yet that idiocy is any such evolution from hereditary "diathesis;" and what the words "gradually, inevitably and without any other cause than its own natural evolution," can really signify, other than a metaphysical speculation of the author, it would be difficult even to conjecture. The German writers on this subject exhibit a wonderful cleverness and ingenuity in word manipulation; but one of their number, conspicuous for cleverness and ability, Professor Arndt,* gives us a clue out of the

* *Lehrbuch der Psychiatrie*, Rud. Arndt, 1883.

labyrinth of *Primäre Verrücktheit* when he says: "If a state of psychical debility is unmistakably manifest already during the evolution of physical life, or as commonly expressed, is congenital, it is called "congenital dementia" or "idiotism." Here then, we are brought face to face with an entirely different department, that of congenital defects, malformations or arrested physical development which are not classed in the category of active disease, and which, at least, have nothing to do with the positive access of the disease called insanity. A congenital defect, structural or otherwise, does not necessarily connote a morbid process. Hence the hospital practice of our day does not attempt to include the idiots and the insane under one system of care and treatment; that of idiocy being chiefly directed to such development of its subjects as is attainable by education and training—a school system with physical training. Insanity is always an acute or supervening disease, however speedily its character may become fixed, and it always has for its origin a definite point of departure. Natural defects may enter into medico-legal questions of personal responsibility, but it is not because they have any medical or pathological connection with the active or acquired disease of insanity.

In many such cases medical men have volunteered to appear before courts, and in other cases have been dragged in, to make medical science sustain such doctrines and modes of defense. Writers have endeavored to draw distinctive lines between ordinary wickedness and this "moral criminal state" by calling stealing "kleptomania," incendiarism "pyromania," murder "homicidal mania," drunkenness "dipsomania," etc., etc. In all such cases the insanity of a relative is a most precious boon, as affording an avenue of escape, for heredity gives them the "constitutional basis for the

perverted moral state." The history of cases in which such pleas have been entered and pressed would show that they have not been resorted to to shield only the weak-minded, the "half-witted," the natural born incompetents and unfortunates who really stand on the border line of imbecility, and approximate idiocy in their sense of responsibility. But history shows that it is the voluntarily bad, who happen to have means and friends to defend them, for whom this plea is raised; indeed the very infamy of their lives is paraded as evidence of insanity. It is an attempted stigma on the medical profession to boast "that doctors can always be found to expert such cases for a fee." It is perhaps true that in some cases doctors have gone on the stand for a fee, but in most cases they go on the stand really believing in such views of insanity, and supposing that it is possible to have the moral half of a man insane and the intellectual half sound; and so have given the most absurd testimony in good faith.

Still, it is equally true that lawyers are to be found for a fee to defeat justice and turn criminals loose on society. The answer of course is that it is the business of lawyers to work for a fee and make the worse appear the better reason. All that can be said on this subject is that lawyers and doctors are men, and men have their own "moral tone." From the standpoint of good morals, it is doubtful whether the lawyer who uses a false plea for a fee, is any better than the doctor who sustains it for a fee. If life is simply a game of cards, as has been said, cheating is only reprehensible when found out. On this subject an able attorney once said in my hearing, in a court room, "Science has no morals; it consists of facts and laws." "Yes," replied the judge, "but he who prostitutes Science is himself a criminal."

Heredity, I said at the outset, is an indisputable fact in nature. It is implied in the very words, "genera" "and species," according to which every organism is originated "after its kind." Nothing I have said questions or militates against the fact of the transmission of race types and characteristics of family, or tribal, or national traits. The hopes and destinies of modern civilization itself are in a measure wrapped up in the noble potentialities which a beneficent Creator has imbedded in the constitution of human nature, which it is the probation of mankind to develop, through successive generations. What I wish to combat is the notion of the direct transmissibility of disease, as such; the monstrous figment of scientific pessimism, that the abnormalities and lesions of the human organism can acquire any such persistent and stable character as its own *vivida vis* itself, that nature puts a destructive force on an even race with the constructive in any of her operations; an idea which ought to be contrary to any philosophic system of evolution itself. It is a law of all organisms to reject whatever is foreign to its own normal condition. If all that is claimed for "morbid heredity" be true, it would be a cumulative process which must eventually swamp the vital energies of the world. It seems philosophically absurd to assume that a force, opposed to organic life, can so seat itself in the constitution of an organism as to perpetuate itself by that organism's generating power. Nature rejects or eliminates the taint of death. No sooner do the decaying elements enter the earth than they are transformed into life-giving agents and "that which is corruptible puts on incorruption."

The earth itself, is not more surely the purifier of all corruption, than the stream of human vitality which shows its recuperative tendency to cast out and

eliminate the elements that are hostile to its own existence and welfare. It is a benevolent principle impressed upon the natural world, which, like its own indefinable beauty, appeals only to a being of god-like reason and imagination, and inspires the wistful hope of the poet—

“That somehow good
Will be the final goal of ill,
To pangs of nature, sins of will,
Defects of doubt, and taints of blood.”

Tennyson—In Mem.

PROGRESS IN THE TREATMENT OF THE INSANE.*

BY HENRY PUTNAM STEARNS, M. D.,
Superintendent of the Retreat for the Insane, Hartford, Conn.

The subject your committee has assigned me is certainly a broad one, and might easily be construed as covering a long period of time. I assume, however, that it was not the intention that I should refer to the last century, or to the early portion of this century, but rather to embrace a period corresponding somewhat nearly to that during which this Association has been in existence.

It will therefore be my purpose to limit what I have to present concerning progress in the treatment of the insane to the last fifty or sixty years.

The primary aim or purpose of the physician in the treatment of disease in general or special is, undoubtedly, its *cure*, and in the measure in which he succeeds in securing this grand desideratum, in that measure can he be regarded as making progress. But in addition to this primary aim there exists a secondary one, which is of hardly less importance, namely, the relief of suffering, and the increase of comfort for his patient while passing through the necessary period of either functional or organic disease.

Concerning the first of these points, namely, the *cure* of disease, it may be admitted at once, that it is exceedingly doubtful, whether we shall ever be able to appreciate very accurately how much we have done in this

* Read at the thirty-eighth annual meeting of the Association of Medical Superintendents of American Institutions for the Insane, in Philadelphia, May 13th, 1884.

direction. There are so many factors embraced in the problem the most important of which reach back into the hereditary history of the individual, and others, which are largely affected by his or her past experiences, that it is not likely ever to be possible to say how much we do in the curative process. After all our efforts, nature is pretty sure to come in for the lion's share of credit in nearly all cases, and, if wise, we shall be only too willing to sit as humble observers at her feet and pleased if we may assist in any small degree in this great process, which has been, and must continue to be carried on in her laboratory if anywhere.

In relation, however, to the second point, namely, the conduct, or general management of disease, we are able to judge much more clearly how much has been done, and whether there has been improvement and consequent progress. I think the claim that there has been real progress in this direction during the last fifty years will not be considered presumptuous; that we have learned much in relation to the hygienic conditions necessary in the sick room; that we have learned something in reference to the importance of systematic nursing and a nourishing diet for those suffering from disease; something as to the causes and limitations of diseased conditions, and consequently that much which was formerly considered necessary, is not only not so, but likely to prove injurious; that the resources of our art, in the way of medication have been greatly improved; that while we may use a less number of remedies, we have a more accurate knowledge as to their physiological action, and possibly better results; and, especially, that we are able much more largely to relieve pain in many of its forms, than was the case fifty years ago. Improvement in these and other directions, the physician need not be a medical optimist to claim.

Now the question of this hour is whether it can fairly be claimed that there has been anything like similar progress in the treatment of the insane.

To answer this question in full would necessitate a review requiring more time than I have at my disposal or than you would be willing to accord me in hearing, and for reasons already alluded to in reference to the *cure of diseases* in general, I shall not refer to that branch of the subject nor to the subject of medical treatment. My paper must be limited to a few points relating to the moral treatment of insanity.

In the presentation of subject matter in relation to these points I shall necessarily be obliged to offer statements which are perfectly familiar to, at least, all the older members of this Association, and if they were so to all, I must beg you to bear in mind that the subject you have assigned me is one of a retrospective character, and that it is sometimes profitable to review even the recent past. At the date of the formation of this Association, there were in operation in this country twenty-four hospitals and asylums for the insane with capacity for about three thousand patients. (No account is taken in this paper of the few private homes for the insane which were existent at that time.) In Massachusetts, New York, Pennsylvania, Virginia and Maryland, each, there were two, while in no other State was there more than one, and in several, none. The general population of the country at that date, was not far from 18,000,000. The provision for the insane, therefore, was about one bed for every six thousand of the population. At the present time there are eighty-four state or corporate hospitals and asylums in the country, having a capacity for, say about 35,000 beds, while the general population amounts to about 55,000,000. We, therefore, at present, have one bed for about 1,500 of the

population, as against one in 6,000 forty-five years ago. In other words we have about four times more provision for the insane in proportion to the population of the country than we had in 1844. Presenting it in still another way, while the general population has increased 300 per cent, the number of our hospitals has increased more than 500 per cent, and the number of beds more than 1,100 per cent.

The general character of the hospitals also, has largely changed during this period. I have not the estimates which would indicate even the approximate cost of any one of the asylums of that date, but there can be no question that they were greatly inferior as to design, architecture, finish, convenience of administration, manner of heating, water supply and general cheerfulness of the halls, rooms and grounds. The appearance of hospital buildings both internally and externally has also greatly improved; and chapels or rooms for religious services, and for the purposes of amusement have been provided to a much larger extent than was the case forty years ago. On the other hand, the institutions of that period were much smaller than most of the present State asylums, and so far forth were better adapted for the successful treatment of the acute classes of the insane which at that time were a larger per cent. of the asylum inhabitants than at the present time.

Notwithstanding this last point, however, viewing the insane as a whole, both acute and chronic, and their requirements and numbers, I think we are warranted in claiming that there has been a large advance within the last forty-five years, as to this primary requisite for their treatment. That we have arrived at the best results in this respect which are attainable, or to those which are in all respects satisfactory and practicable, I think will hardly be claimed. The fact that in some of the States,

we are reaching out towards changes in asylum provision for that large class of the insane which is every year becoming larger, indicates the contrary. In New York, Connecticut, Illinois and the District of Columbia, there have already been erected buildings supplemental to those comprising the central asylum for these classes. Dr. Earle has recently recommended the erection of an additional small hospital within the enclosure of the grounds for treatment of the acute class of his patients. These are but indications of yet other changes which are likely to come in our provisional arrangements for care and treatment.

It is, however, but just towards those who have gone before, to add that the above plans are but proposals to carry out in a slightly modified form, plans suggested more than fifty years ago.

Spurzheim,* (quoted by Dr. Woodward in his report for the year 1832,) says:

Convalescents ought to be separated from patients under curative treatment; their habitation requires less care as to division, and the internal arrangement may be more general. They ought to form a large family, and not one ought to be idle. The house for convalescents may be in the neighborhood of the division for harmless patients, etc.

Dr. Woodward continues:

If to the present arrangement, could be added a cheap building as a retreat for incurables, (of which this institution will always have a large share) this establishment would combine all the advantages which could be desired in a hospital for the insane. A quiet and undisturbed asylum for incurables; lodges for the violent and noisy; the great hospital for the recovery of curable cases, old and recent; and a peaceful and pleasant abode for convalescents. By this arrangement, the expenses would not be enhanced, excepting so far as would be necessary to erect the buildings themselves, as a much larger class of private patients might then be accommo-

*Annual Report of the State Lunatic Hospital, Worcester, Mass., 1832.

dated. The inmates would require but little restraint, might ride or range the grounds at pleasure, living together in one family, and uniting in amusement or labor, as would be most beneficial and agreeable.

This was the opinion of the first president of this Association as expressed more than fifty years ago. How entirely at variance with any such arrangement in hospital construction has been the plan actually carried out in this country we all understand. One thing, however, is certain, if any such plan in hospital construction was desirable at that date, and for the small hospitals existing at that time, it should be much more so at the present time with the large ones now in use. If, with the comparatively small number of the chronic insane in any one hospital at that time, it was important that the curable and convalescent should be placed in separate buildings where they would receive special attendance and treatment, it must be greatly more so, when the numbers of the chronic class are so much greater in all our State asylums.

In this respect, then, there has been in some of the States a departure—one looking back towards what was thought to be desirable fifty years ago, and the question is pressing us to-day, coming from many quarters, whether this departure is in the right direction. Our experience is as yet only in the experimental stage, but so far as it has gone I believe it is thought to be satisfactory. It relieves the crowded condition of the central asylums, and makes room for the acute and curable class. It provides for frequent observation by persons whose duty it is to be intimately associated with them. By such an arrangement a large number of the chronic insane may be removed from a kind of life necessarily routine in character, and from crowded halls to annexes near the central asylum where they

may be more readily classified and employed in some kinds of useful labor. A larger measure of personal liberty is more easily provided for, and a kind of life more nearly resembling that of home. These are the conditions which are specially adapted to recoveries among the chronic insane. And finally, such an arrangement has thus far been carried out at a less expense in construction than with the former plans, and yet, the buildings are provided in all respects with requisites for the comfortable care and treatment of the class for which they are designed. There can no longer be any question that at the present time, and, indeed, in the future, this is to be a most important element, in the problem of hospital provision for the insane. Whatever opinions may have existed in the past in relation to this matter, hereafter the public will certainly take into consideration as fundamental, the matter of *cost*, in what may be done, and any plan which shall prove itself feasible and at the same time less expensive than the one heretofore so generally adopted will be sure to win its way in public favor. The question is no longer, what is absolutely the best plan in relation to administration, architectural appearance, or endurance of structure, but rather what is practicable in provision for the whole number of the insane, so many of whom are now in town and county poorhouses, or in jails. Moreover, it is thought that we need not be especially anxious to build hospitals for succeeding generations, that they may safely be left to do this for themselves; indeed that they may prefer to do so, as the conditions of the problem may hereafter become modified in some degree.

In passing, it may be worth while to bear in mind that progress in the management of the insane in Scotland has been in some respects in the same general

direction, though in details of arrangement somewhat different, and doubtless better adapted for that country than this, by reasons of the differing conditions of society; and I may add that, in my view, progress in the treatment of the insane, in the future, will largely depend upon arrangements pertaining to hospitals, that is, such arrangements as will lead to the individualization of patients.

The next point to which I will call attention is that of *occupation*.

Within the last fifteen years much has been written more especially by our confreres on the other side of the water, as to the importance of physical labor by the insane as a remedial agent especially for the convalescent and chronic insane. Dr. Rutherford of the Lenzie Asylum, told me ten years ago, that for most of even the acute insane he regarded labor of more importance than anything else, and that he rarely had patients who did not labor, except they were physically unable to do so. So important has this subject recently become in England and Scotland that the percentage of inmates of asylums, who are employed, is published in their yearly reports or elsewhere, and the subject is regarded in a manner which implies that a new principle of treatment has been discovered, or, at least, as if the importance of labor by the insane had never before been understood. In this connection, it may be of interest to recall what was written forty or fifty years ago by some of the founders of this association on this subject.

Dr. Earle, in his yearly report for 1845, wrote as follows:*

Of the means included under the head of Moral Treatment, manual labor, useful employment with the hands, justly claims

* Annual Report of the Bloomingdale Asylum, 1845.

pre-eminence over all the others. At a certain stage of the disorder, when medicine has exerted its influence to a degree sufficient to enable the person measurably to exercise self-control, employment comes in as one of the most powerful of restorative measures. No one is compelled to work, but inducements are sometimes presented to encourage him to engage in it. A lunch or other trivial privilege out of the ordinary course has often opened the way, in this manner, to a complete restoration of the person diseased.

He then cites cases which, he claims, prove "cogent arguments in favor of giving to manual labor that pre-eminence which has already been assigned to it."

Dr. Woodward in the same year wrote on the same topic:*

There is now no difference in opinion among those who manage the insane, relative to the value of employment. The insane should never be idle. By employment the maniac expends his excitement in a reasonable and proper way, which he would otherwise exhaust in noise, violence and mischief. The depressed will, by employment, be withdrawn from the theme of his gloomy musings to the consideration of other subjects calculated to disengage his mind from the influence of his delusions and the wretchedness of his condition. While actively engaged, the mono-maniac forgets his vagaries, brings into action powers which have been cast into the shade by intense contemplation of isolated subjects. The convalescent, by occupation, strengthens his physical powers, and brings his mind into regular channels of action. All are the better for employment. With it the mind is kept active and vigorous; without it, it is constantly becoming more limited in its sphere. Nothing is so hard for the sane or insane as inactivity and idleness. Our object is, as far as possible, to keep patients employed, and the more labor they perform the better off they are, generally.

Dr. Trezevant, (of South Carolina), says,† "It is now the custom in the northern institutions to keep the patients employed at some trade or on the farms." Of

* Annual Report of the State Lunatic Hospital, Worcester, Mass., 1845.

† AMERICAN JOURNAL OF INSANITY, 1845.

this proceeding he fully approves, and even goes so far as to argue that patients who are unwilling to work ought to be forced to do so in some measure, as we oblige children to work.

Dr. Bell, in his report for 1838,† wrote that he attributed his success in the treatment of the insane to—

Well directed and perseveringly applied employments of mechanical and agricultural labor. In fact from morning to night, it is our constant endeavor that the patient should have as few moments to himself as possible. A farm, a garden, a nursery of fruit and ornamental trees, a carpenter's shop, the sawing, splitting and piling of wood, a bowling alley, a billiard table for each sex, chess, cards, draughts, drawing and surveying materials, a well adapted library, five or six horses and carriages, musical instruments and other modes of labor or amusement. Notwithstanding the immense value of all these means of interest and amusement, there is one appliance of moral treatment, which has proved immeasurably superior to all others, as regards a large class of male patients. It is a systematic, regular employment in useful bodily labor. There is probably no institution in the world where the value of this has been more fully tested than in this. Merchants, lawyers and physicians have been found amongst those most willingly and usefully interested.

It thus appears that forty-five years ago the experiment of labor, for the insane, had been tried for so long a time and with such favorable results, that there existed but one opinion among superintendents of institutions in this country as to its great importance. It is not my present purpose to argue the question of the value of labor for the insane, or to pass judgment as to the correctness of the views held at that time by our alienists, but simply to call attention to the fact that no one has since gone further than they did in its employment, nor in the belief of its importance as a remedial measure. Whatever of value it has for any class of the insane was as fully understood and as fully

† Annual Report of the McLean Asylum, 1838.

attained fifty years ago as it has ever been by others, since that time. In reference to means of occupation other than those of labor, I may say that opinions were similar to those held at the present time, as to all kinds and forms of amusement and recreation. We have, however, one large advantage in carrying out these methods of occupation which they did not. In most or all our institutions, there has been erected a large hall especially devoted to the subject of amusements, so that the long winter evenings which are usually the most tedious and difficult to pass pleasantly are, many of them, made greatly interesting and conducive to convalescence.

Our next point of inquiry relates to the subject of *restraint*—or the so-called *non-restraint* system as it is at present practiced in the English asylums. This was a subject concerning which fifty years ago, there was no less difference of opinion than there is at the present time, and from that time to this, the field has been ploughed and cross-ploughed, and harrowed till there can be little additional cultivation. But as it lies at the foundation of all rational treatment of the insane, it can not be wholly passed over in any retrospect, however cursory, of the moral treatment of the insane. That we may understand the views prevalent among the superintendents of our first asylums on this subject, I must again let them speak for themselves:

Dr. Bell of the McLean Asylum,* in 1841 writes as follows:

I beg leave to repeat the statement made in my report for 1840, founded on personal observation of what they there (superintendents in England) choose to term the disuse of restraining means, that this improvement can never be introduced into this, or I believe any of our northern institutions, for the reason that the evil never has existed in any of them.

*Annual Report of the McLean Asylum, 1842.

Common justice compels me to affirm that, in just, kind, enlightened management, and in judicious, medical and moral treatment, considerable observation of institutions at home and abroad satisfies me that no essential or considerable improvements have been made on the system first adopted at this institution. For some years the average number of patients under the restraint of leather mittens has not exceeded one per cent. and week after week elapses without even a single instance.

Mechanical restraint was almost entirely disused in 1842, and might have been entirely so.

Dr. Woodard,* in 1845, wrote that:

Restraints were never so common in this country as in Europe, and though not wholly adandoned, are rarely used to any great extent. I have been more or less intimately acquainted with institutions of this character for the last twenty years, (Dr. Woodward, before he became superintendent of the Worcester Asylum, was one of the medical visitors at the Hartford Retreat, near which he lived,) and I have had the care of nearly eighteen hundred patients during the last eleven years, yet I never saw a leg-lock, a tranquilizing chair or a muffled hand garment; neither have I seen a straight waist-coat for ten years, nor any other instrument of severe restraint.

In 1838 he says:

With every room in this large establishment occupied, amounting to more than two hundred and thirty patients, but one individual, either man or woman, in our wards has any restraint whatever on their person. At least one-third of these patients have gone unrestrained during the past season spending day after day, and week after week, in this independent manner, and no one has escaped.

Dr. Earle† says:

In our individual experience we have found that in proportion as we become acquainted with the insane, with their tempers, dispositions, habits, powers of self-control, and capabilities of appreciating the ordinary motives which influence the conduct of man-

* Annual report of the Lunatic Hospital, Worcester, Mass, 1845.

† Annual Report of the Bloomingdale Asylum.

kind, has our opinion of the degree to which these means (restraints) are necessary, been diminished.

Our practice has corresponded with this change of opinion, and the results have been eminently satisfactory. At the present time there is no patient in the asylum, upon whose body or limbs there is any apparatus of restraint. It is not asserted, for it is not our opinion, that restraints upon the limbs are never necessary. On the contrary, we believe there are cases in which the application of them is the most judicious course which can be pursued.

During the last three years the muffs have not been used more than two or three times annually, and in those, but for a day or two, or at most, but for a few days each. There was one period of thirteen months during which restraint was resorted to but in two cases in the men's department. On one of these, the patient, while in a condition of typhoid delirium, wore a camisole three days, and in the other the patient's hands were similarly confined, a few hours, to insure the vossication of a blister. Although cases requiring these means of restraint are not numerous, still the experience of this institution thus far has been that they may occasionally be employed with advantage.

Dr. Kirkbride,* in 1845, writes :

Restraining apparatus has very rarely been used in this establishment, and the seclusion of patients to their chambers is resorted to as little as possible. Several months have frequently elapsed without any form of apparatus being employed, and very often out of 150 to 170 patients, many days elapsed without a single one being confined to their room for a single hour.

Dr. Ray,† in 1846, writes :

That in those institutions where restraint is still practiced it seldom exceeds one or two per cent ; that for weeks and months together it may not be used at all, and that in good order, quiet and general condition, they are inferior to no other. I can not help concluding that this question of non-restraint has received a degree of attention, altogether disproportionate to its intrinsic merits. I do not mean to sanction the idea that the imposition of restraint is an unimportant matter. On the contrary, I would have it regarded as in most cases a necessary evil, used only to prevent a greater.

* Annual Report of the Pennsylvania Hospital for the Insaue.

† JOURNAL OF INSANITY, page 558.

Such were the opinions of superintendents of institutions forty or fifty years ago in this country, and I think I am justified in asserting that the opinion of the larger proportion, if not all, the members of this Association at the present time is very nearly in accordance with them; that is, that while restraints upon the free movements of the persons of the insane should be very rarely used, and never used except by the express direction of the physician; and that in all well equipped, and well conducted, and not overcrowded asylums, cases requiring these restraints are comparatively rare, not exceeding as a rule more than one or two per cent, and frequently for long periods none at all; yet that cases do occasionally occur in which the use of a mild form of restraining apparatus for brief periods is the most safe and the most humane method of treatment known.

Now it is not my purpose to enter upon any extended remarks on this point or its bearings. Indeed, I believe that little, if anything, new can be adduced either for the total abandonment of mechanical restraint or its occasional use. The purpose at the present time is simply to note the fact that the question stands to-day where it did fifty years ago; that there has practically been little change in opinion; and I venture to predict that there will be little in the fifty years to come, at least, in this country. This will come to pass in the very nature of the case. It is not one to be decided by a central authority or advisory board as in England, acting upon and influencing all superintendents alike, but, on the contrary, is a point into which what we may term the element of personal equation largely enters. One might almost as soon expect to select a hundred practitioners of medicine from the profession at large, or fifty of the graduating

class in any one year from any of our large medical schools, and find that they prescribe the same remedies, or direct the same hygienic conditions for patients affected with any of the well recognized forms of disease. We should hardly expect to find five of the fifty or one hundred whose judgment as to the use of remedies, or any one remedy would in each case agree in all respects. While there are certain established principles underlying the system of treatment in the various forms of disease, yet these several physicians, if they are men of any amount of individuality, will be quite sure to differ in the detail of carrying out those principles, and this will extend to the use of nearly or quite all medicines, and the conduct of disease.

For similar reasons, we should not expect to find one hundred physicians, coming from all portions of the country and from many different schools of medicine, and divers medical instructors, and asylums, all following in exactly the same line of treatment even in reference to the use of mechanical restraint. Tact and skill in management, and a persevering determination, not easily baffled, to find out ways and means requiring the least restraint, go a long way towards its abolition, and these are elements of personal character which vary very largely in different individuals, and even in the same individual at different periods of his life. While some will be able to manage all cases most judiciously with very little or no mechanical restraint, others with equally conscientious motives and purposes will fail to devise the requisite means of doing so. Physicians will therefore honestly differ in practice on this subject, unless there shall exist some central advisory authority, backed up by public sentiment which will practically decide the course to be pursued. This condition is not likely to exist in this country for some years to come.

The desideratum, therefore to be sought for in this direction is an educated superintendence, which shall hold it as a cardinal principle to use mechanical restraint in the treatment of the insane *only as a dernier ressort*.

A few words only in reference to one other subject, namely, *personal liberty*.

Recently, Dr. Frazer formerly superintendent of the Fife and Kinross District Lunatic Asylum, at present one of the Deputy Commissioners in Lunacy, for Scotland, wrote as follows concerning the features which especially distinguished his asylum:*

First—unlocked doors; 2nd—the great amount of freedom, and 3d—the large number on parole.

In relation to the first point he adds:

This bold advancement in the treatment of the insane is wholly due to Dr. Batty Tuke. It is to his original mind and to his faith in the adage "The more you trust the more you may," that this new era in the life of the insane has been initiated. I believe that the conditions above described coupled with constant occupation, are the most favorable; but, occupation is what I have most confidence in.

In 1845, Dr. Woodward wrote that—†

At least one-third of all these patients (at that time present in his hospital) have gone unrestrained during the past season, spending day after day and week after week in this independent manner, and no one has escaped. There is now no difference in opinion among those who manage the insane relative to the value of employment. The insane should never be idle.

Dr. T. S. Clouston,‡ the accomplished superintendent of the Royal Edinburgh Asylum, and the author of the latest work on Mental Diseases, recently wrote as follows:

* Report of the Massachusetts State Board of Health, 1878.

† Annual Report of the State Hospital, Worcester, Mass.

‡ Report of the Massachusetts State Board of Health, 1878.

My practice in regard to patients, especially of the higher class, is to allow them from the first, as much liberty as I possibly can, putting many of them on parole very soon, and trying to make them feel that they are here really as invalids and not as prisoners. Unquestionably, in those cases where I can thus trust patients, they are happier and recover sooner than they otherwise would. Of course, in some cases I can not do so. Out of 77 patients of the higher class, over 30 are on parole, 22 of them living in cottages or pavilions where the arrangements are perfectly homelike.

It is now very nearly sixty years since Dr. Todd, the first superintendent of the Hartford Retreat, made the following public announcement:*

It is our endeavor to make the Retreat an eligible place of residence; to allow the patients every liberty consistent with their safety, and to subject them to no severe restraint. But in order to secure this desirable object it is necessary to be provided with a competent number of attendants, who, by assiduity and vigilance, *shall supply the place of bolts and keys*. It is their business to walk or ride with the patients, to engage with them in their various schemes of recreation, and if possible to induce them to engage in some useful employment. The expense of supporting patients is materially increased by the plan to which we have alluded, but when it is remembered that it is attended with greater success; that it is more humane, it will be admitted that no other, or at least that no better course could be adopted.

The first business of the physician on the admission of the patient is to gain his entire confidence. With this in view, he is treated with the greatest kindness, however violent his conduct may be, is allowed all the liberty his case admits of, and is made to understand, if he is capable of reflection, that so far from his having arrived at a mad-house where he is to be confined, he has come to a peaceful and pleasant residence, where all kindness and attention will be shown him, where every means will be employed for the recovery of his health.

In no case is deception on the patient employed, or allowed; on the contrary, the greatest frankness as well as kindness forms a part of the moral treatment.

The statements above quoted from Drs. Clouston and Frazer were recently made. That of Dr. Todd was

* Annual Report of the Hartford Retreat, 1826.

made in 1826, and that from Dr. Woodward in 1845. If, in the essential principles of the care of the insane in relation to liberty and reasonableness of treatment and general management, there exists any advance, as indicated in the more recent statements, I am unable to perceive it. The quotations from Drs. Clouston and Todd are so nearly identical, in spirit and detail, that either would doubtless have been willing to adopt that of the other for his own. While I am unable to state how far Dr. Todd actually did do without "*locks and keys*," yet he here distinctly announced it as one of the fundamental principles of his practice, to do so, and declares that he carries it into operation as far as possible, and in lieu of them used, as do Drs. Tuke and Frazer, attendants instead, to protect his patients.

I have referred to the four principal points connected with the moral treatment of the insane, viz.: Hospitals, occupation, restraint and personal freedom. It has been my purpose to reproduce from the writings of those men who were the pioneers in the treatment of the insane in this country, and founders of this Association, their views and practices in relation to these several subjects. How far progress has been made in the details of any one or all of these subjects is a question I do not require to answer further. It is important to bear in mind that practice concerning these points differs at the present time to a considerable degree in different hospitals, and in all probability will continue to do so, and that the amount of occupation, freedom, and restraint, in the hospitals of the country at any period of time, will largely depend on hospital construction, hospital crowding, means for individualizing patients, and *on those who may chance to have charge of them for the time being*. For these reasons progress in the treatment of the insane will be a variable quantity.

PROCEEDINGS OF THE ASSOCIATION OF MEDICAL SUPERINTENDENTS OF AMER- ICAN INSTITUTIONS FOR THE INSANE.

The Thirty-eighth Annual meeting of the Association was called to order at 10 o'clock A. M. Tuesday, May 13, 1884, at the Continental Hotel, Philadelphia, Pennsylvania, by the President, Dr. John P. Gray.

The President, Dr. GRAY. The first order of business is the reading of the minutes of the last meeting held at Newport, R. I., June 1883.

The minutes were then read by the Secretary, Dr. Curwen, and were approved.

The following members were present during the session :

J. B. Andrews, M. D., Buffalo State Asylum for the Insane, Buffalo, N. Y.

J. P. Bancroft, M. D., Asylum for the Insane, Concord, N. H.

W. J. Bland, M. D., Hospital for the Insane, Weston, W. Va.

J. P. Brown, M. D., Lunatic Hospital, Taunton, Mass.

W. T. Brown, M. D., State Asylum, Stockton, Cal.

R. M. Bucke, M. D., Asylum for the Insane, London, Ontario.

D. R. Burrell, M. D., Brigham Hall, Canandaigua, N. Y.

J. H. Callender, M. D., Hospital for the Insane, Nashville, Tenn.

H. F. Carriel, M. D., Hospital for the Insane, Jacksonville, Ill.

George C. Catlett, M. D., Lunatic Asylum, No. 2, St. Joseph, Mo.

Walter Channing, M. D. Brookline, Mass.

John B. Chapin, M. D., Willard Asylum for the Insane, Willard, N. Y.

R. H. Chase, M. D., State Hospital for the Insane, Norristown, Penn.

Edward Cowles, M. D., McLean Asylum for the Insane, Somerville, Mass.

John Curwen, M. D., State Hospital for the Insane, Warren, Penn.

A. N. Denton, M. D., State Hospital for the Insane, Austin, Texas.

R. S. Dewey, M. D., Eastern Hospital for the Insane, Kankakee, Illinois.

Pliny Earle, M. D., Lunatic Hospital, Northampton, Mass.

Orpheus Everts, M. D., Cincinnati Sanitarium, College Hill, Ohio.

Theodore W. Fisher, M. D., Lunatic Hospital, Boston, Mass.

T. M. Franklin, M. D., City Lunatic Asylum, Blackwell's Island, N. Y.

J. Z. Gerhard, M. D., Pennsylvania State Lunatic Hospital, Harrisburg, Penn.

W. W. Godding, M. D., Government Hospital for the Insane, Washington, D. C.

John P. Gray, M. D., State Lunatic Asylum, Utica, N. Y.

Eugene Grissom, M. D., Insane Asylum, Raleigh, N. C.

John C. Hall, M. D., Friends' Asylum for the Insane, Frankford, Philadelphia, Penn.

C. J. Hill, M. D., Assistant Physician, Mount Hope Retreat, Baltimore, Md.

S. Preston Jones, M. D., Pennsylvania Hospital for the Insane, Male Department, Philadelphia, Penn.

A. T. Livingston, M. D., Wa-Wa, Delaware County, Penn.

P. L. Murphy, M. D., Western North Carolina Asylum, Morganton, N. C.

Charles H. Nichols, M. D., Bloomingdale Asylum, New York City.

George C. Palmer, M. D., Asylum for the Insane, Kalamazoo, Mich.

J. Willoughby Phillips, M. D., Assistant Physician, Burne-Brae, Kellyville, Pa.

T. O. Powell, M. D., Asylum for the Insane, Milledgeville, Ga.

A. B. Richardson, M. D., Asylum for the Insane, Athens, Ohio.

D. D. Richardson, M. D., Department for the Insane, Almshouse, Philadelphia, Penn.

J. D. Roberts, M. D., Eastern North Carolina Asylum, Goldsboro, N. C.

Ira Russell, M. D., Highlands, Winchendon, Mass.

John W. Sawyer, M. D., Butler Hospital for the Insane, Providence, R. I.

S. S. Schultz, M. D., State Hospital for the Insane, Danville, Penn.

A. M. Shew, M. D., Hospital for the Insane, Middletown, Ct.

George S. Sinclair, M. D., Assistant Physician, Hospital for the Insane, Halifax, Nova Scotia.

E. E. Smith, M. D., Assistant Physician, Hospital for the Insane, Morris Plains, N. J.

Henry P. Stearns, M. D., Retreat for the Insane, Hartford, Conn.

J. T. Steeves, M. D., Provincial Lunatic Asylum, St. John, N. B.

J. Strong, M. D., Asylum for the Insane, Cleveland, Ohio.

H. A. Tobey, M. D., Asylum for the Insane, Dayton, Ohio.

G. B. Twitchell, M. D., Keene, N. H.

J. M. Wallace, M. D., Asylum for the Insane, Hamilton, Ontario.

John W. Ward, M. D., State Lunatic Asylum, Trenton, N. J.

The Secretary read letters from Dr. A. P. Tenney, of Topeka, Kansas, and from Dr. A. E. Macdonald, of New York, regretting their inability to attend. The Secretary also read resolutions notifying the Association that Dr. W. T. Brown had been elected Superintendent of the State Asylum at Stockton, California, vice Dr. Shurtleff, resigned.

Dr. GRAY, President. There are some gentlemen present who are not members of the Association—Managers and Trustees of institutions, Commissioners in Lunacy, etc. In accordance with custom and a standing invitation of the Association, we should be glad to have members introduce them that they may take part in the proceedings.

Dr. Chapin introduced Mr. D. A. Ogden, a manager of the Willard Asylum.

Dr. Palmer introduced Dr. Foster Pratt, a member of the Board of Trustees of the Insane Asylum at Kalamazoo.

Dr. D. D. Richardson introduced Mr. P. C. Garrett, a member of the Committee on Lunacy of Pennsylvania, and Dr. A. J. Ourt, Secretary.

Dr. Steeves introduced Dr. LeBaron Bottsford, ex-president of the New Brunswick Medical Association, and Hon. A. G. Blair, Attorney-General, Commissioners of the Provincial Insane Asylum of New Brunswick.

These gentlemen were all invited to attend the meetings of the Association and take part in the discussions.

Dr. GRAY, President. Resolutions are in order.

On motion of Dr. Curwen the Committee on Lunacy of the State of Pennsylvania, were invited to attend the sessions of the Association.

Dr. CURWEN. Mr. President, I beg leave to offer the following resolution which seems proper at this particular point :

Resolved, That in the death of our fellow-member, Dr. Thomas S. Kirkbride, this Association has lost one of its ablest associates, who, during the whole period of its existence, had given to it most earnest and devoted thought and attention, and whose counsels were always wise, cautious and most enlightened.

A kind, warm-hearted and sympathizing friend, a faithful and prudent counselor, a genial and cheerful companion and a most able, laborious and devoted physician and Superintendent. No one who was privileged to know him in these relations, can fail to feel the great blank which has been made by his removal.

Privileged to continue in active continuous service longer than any other member, his latest thoughts were given to the consideration of those things which would most benefit those for whom, for more than forty years, he had thought and labored.

I move also that the President appoint a committee to prepare a memorial of Dr. Kirkbride to be preserved in the minutes of the Association.

The President, Dr. GRAY. The resolution is before the Association.

Dr. NICHOLS. I cordially second the resolution that has just been offered. I think the terms are appropriate, and I hope it will pass.

Dr. GRISSOM. Mr. President. In this connection I desire to lay before the Association a resolution adopted by the Board of Directors of the North Carolina Asylum at Raleigh. Dr.

Kirkbride's reputation and fame, and services, outside of the State of Pennsylvania, are perhaps nowhere better appreciated than in the State which I have the honor to represent. During his career, he had not only a large number of patients from that State, but was always ready to aid by wise counsel in matters pertaining to the provision for and treatment of the insane.

The resolutions were then read by the Secretary as follows:

Whereas, The Board of Directors of the North Carolina Insane Asylum have heard with deep regret the announcement, by the Superintendent, of the death of Dr. Kirkbride, therefore, be it

Resolved, That the Board desires to express and record its sense of appreciation of the eminent services rendered to humanity by Dr. Kirkbride during his half-century of service as superintendent of asylums for the insane.

That in his death the unfortunate insane have been deprived of a great, kind and tireless friend, and the managers of asylums of a wise benefactor and teacher.

That a copy of these resolutions be sent to the family of the deceased as a mark of condolence for their personal bereavement, and to the authorities of the institution over which he presided with such signal success, and to the Association of Superintendents of Asylums, soon to meet.

Test.

P. M. WILSON, CLERK.

North Carolina Insane Asylum, Raleigh, N. C., May 5, 1884.

Dr. GRISSEM. Mr. President and Gentlemen of this Association. When the garlands of remembrances are hung at the door of the tomb of such a man as Dr. Kirkbride, the State which I have the honor to represent thinks it eminently proper that a spray of cypress should be offered from the South. It is good for us to pause and reflect upon the lesson which his example teaches, and to think of a life which for more than half a century was the sweet, serene pathway of a good man, intent upon his duty, with a heart warm with love for his fellow-men and a spirit as true to the demands of virtue and honor, as the needle to the pole. It is almost an act of supererogation to speak in this or any other community of Dr. Kirkbride's fame. His name in medical annals and councils has long been honored as a household word; and his memory around thousands of firesides will be cherished with the veneration of a Roman's reverence for his household god. This sun in the firma-

ment of our specialty, whose bright and brilliant rays in the early morn of its career scattered wide and far the mists of mental gloom, and which shone with genial and gentle warmth through the long summer day, unobscured by a single cloud, has at last calmly and majestically set, leaving a surrounding after-glow soft and beautiful, lingering upon the horizon of its career reluctant to vanish from the scene of its glory. Let us thank God that we have been permitted to witness this example of greatness and goodness, shining through such a long life of usefulness and unselfishness. Let us honor the memory and practice the virtues of this Sage, who moved among his followers like a genius holding the volume of accumulated wisdom, and dispensing with a modesty all his own, from the abundance of that knowledge which experience collects and diligence preserves. We are wont to praise the gallant mariner who rescues a drowning man; Grace Darling will live forever in story and in song, but how can pen or tongue tell the tale of this gray-haired hero whose career was one life-long struggle to save from despair those imprisoned spirits upon whom the world had already set the grave stone of oblivion,

“To dumb forgetfulness a prey.”

Think how this man of delicate frame, of soft and gentle speech, stood for a lifetime on the ocean side of misfortune where the mental wrecks of numerous victims were tossed by the waves, and with cool head and unshrinking nerve rescued from destruction their frail barks and wafted them once more, with reason at the helm and hope at the prow, to seek yet again a prosperous voyage and a peaceful haven. Clothed and in their right minds those to whom the precious jewels of man's inheritance have been restored, bring to-day the brightest gems that sparkle in their mental crown to adorn the shrine of Kirkbride's fame. His mission was at last ended. He died, but not unexpectedly. He kept his lamp trimmed and his oil burning, for the coming of the Bridegroom. He cherished a constant remembrance of another life than this, another Judge than man, another ordeal than human opinion.

He did his duty at all times, in all places, to all men, and he enjoyed a wealth of noble thoughts, memories of noble actions, and hopes of a noble felicity. We have on this occasion mingled emotions of sorrow and gladness. We mourn that Dr. Kirkbride is dead: we rejoice that Dr. Kirkbride *can never die*. That omnipotent Providence which overrules our destinies has only

removed from this to a higher state of existence, a good man, a kind father, a loving husband, a faithful friend, a pure patriot, a distinguished philanthropist, an eminent physician, a sincere Christian. In this dispensation we lose a companion, his family a protector, the poor a benefactor, the afflicted a comforter, society an ornament, philanthropy an instructor, the profession a votary, religion an exemplar. But our temporal loss is his eternal triumph. So dear to him did the path of duty become, from long years of faithful habit that as age gently withered his strength he tottered on toward honor and immortality. He went down to the grave calmly and without a fear. His example will teach on earth while his spirit rejoices with God.

Dr. NICHOLS. I will call the question upon the passage of the resolution offered by Dr. Curwen. I think that has not been put to a vote yet.

The PRESIDENT. The resolution of Dr. Curwen is before the Association for discussion, and the resolution offered by Dr. Grisom refers to the same subject and is part of the remarks of that gentleman. The resolution is still open for discussion.

Dr. EARLE. I would like to know; Mr. President, whether this matter will come up in this Association again in any way?

The PRESIDENT. No; it is not likely that it will.

Dr. EARLE. If that be the case, and as I can not trust my own organs of speech, upon such an occasion, I shall make the single remark that I entirely and most cordially approve of the resolution and of the remarks that have been made.

The PRESIDENT. Any further remarks upon the resolution?

Dr. GRAY. Gentlemen of the Association. Before putting this motion I would like to add a few words to what has already been said in regard to Dr. Kirkbride. I first knew him more than thirty-five years ago, when I was a student in this city and was in a hospital here. I knew him then in association with other young men, as a friend of young men. With age, dignity, and position, he was remarkably accessible to young men. It seemed to give him the greatest pleasure and satisfaction to advance them and encourage them. From that date to the time of his death I knew Dr. Kirkbride well as a friend, and the eloquent remarks of Dr. Grisom have appropriately portrayed the beautiful character of this distinguished physician and superintendent. As Dr. Grisom has said, he was delicate in person, apparently frail in physical structure, but he possessed a large spirit. He was a man of great energy, great vigor of thought and action, though generally quiet

in his movements. He seemed to be a natural leader in his profession. Men followed him, listened to him, recognized him as a man of thought and reflection with a power of formulating his ideas distinctly and clearly, and of presenting them so plainly that I hardly recall an instance where his propositions were not accepted, because they were completed in his own mind before he presented them,—like the sculptor who fashions and perfects the figure before he unveils it to the world, so that they who see it hear not the sound of the hammer or chisel, nor see the dust produced in its formation. So Dr. Kirkbride wrought his work, fashioned in the mold of thought, and polished by experimental application, that it came perfect as from the hands of the workman.

When we look back through his history we must estimate him, not as though we judged him to-day, as though he had arisen now or within the last quarter of a century. It must be borne in mind he came upon the stage at a time when there was little that could be said in regard to the treatment of the insane. As we look back now we see that little had been done. We must go back with him as a man who framed (for he was one of its framers) the constitution, so to speak, under which this Association lives and acts. He was connected conspicuously with all the operations in organizing the Association, and with all of its fundamental resolutions and its great work from that day to this; his hand touched everything. More than this, in the institution to which he was so early appointed, years before the existence of this Association, he commenced the work of development of the structure of psychological medicine in this country,—building from within and building from without,—not alone a physical structure, but laying down principles for the guidance of those who might come after him. He was a progressive yet conservative man, with that self-poise which kept him from being carried away by seeming advances, and with that patience of judgment which led him to examine before approval or rejection, the ideas of others. He was among those who early recognized that the phenomena of disease were not made up from books, but only disclosed to the patient, toiling observer, in the light of experience.

He was himself a worker. The great utility of his life came from within; his aims were high and pure, and he urged his opinions with a simplicity and earnestness and unselfishness which made them not only unanswerable but irresistible. Any one reading the memorial of his life and work, traced by the hand and heart of his accomplished wife, through the long years of his use-

fulness, can not but be struck with the fact that he seems to have been associated with the origin and development of every advance made in the care of the insane. The narrative is, in fact, a compendium of the subject during the last half century, and Dr. Kirkbride stands as a foremost figure, especially in all that relates to the practical work accomplished in providing and organizing institutions of this class for our fellow-men.

As Dr. Grissom has said, he was not a man of this State nor of this great and good city; he was a man of the world—whose name is written in every State and in every country in the characteristics which Dr. Grissom has so eloquently portrayed. A man of strong, firm character, of great decision of will, of sound judgment, of high purposes; he was withal, the gentlest of men. He had a sweetness of manner which was like that of a woman, a tenderness of spirit which reached every man he met, and I venture to say there was no man with whom he came in contact that did not feel this. So he goes to rest! But, as Dr. Grissom has well said, Dr. Kirkbride can never die. His name will never perish from the earth while medical science and humanity have to consider the great questions which pertain to man and his welfare in this world and which reach on towards the world to come.

Gentlemen, you have heard the resolution of Dr. Curwen. Those in favor of the resolution will so signify by rising.

Unanimously carried.

On motion of Dr. Nichols, it was

Resolved, That the Secretary be directed to forward to the Directors of the North Carolina Insane Asylum the appreciation by the Association of the spirit which dictated the resolution in regard to Dr. Kirkbride.

On motion of Dr. Nichols, it was

Resolved, That the Secretary be requested to communicate to Mrs. Kirkbride so much of the resolution just adopted by this body as relates to her late husband, with the expression of the sympathy with which this Association unites with his kindred in lamenting his death and honoring his memory.

Dr. GRAY, President. The next business in order is the appointment of committees. I would name the following committees:

To Nominate Officers of the Association: Drs. Chapin, Grissom and Palmer.

On Time and Place of Next Meeting: Drs. Everts, Steeves and Powell.

On Auditing Accounts: Drs. Bucke, Brown and Catlett.

On Resolutions: Drs. Callender, Stearns and Strong.

The Business Committee named last year and now acting are Drs. Hall, J. Reed, Ward, and the Secretary.

A recess was taken until 12 o'clock.

On reassembling, Dr. Everts said:

In the proceedings this morning in relation to Dr. Kirkbride, I presume many other members of the Association, like myself, felt that silence was a more satisfactory expression of feeling than anything they could say, and the resolution passed, perhaps without such notice as should come from this Association. I therefore move that a committee of three be appointed to whom shall be referred the resolutions and all matters *in memoriam* in regard to Dr. Kirkbride, and I wish to decline a position on that committee myself.

DR. CALLENDER. I second the motion.

DR. GRAY. The motion of Dr. Everts, that a committee of three be appointed in reference to all matters *in memoriam* in regard to Dr. Kirkbride, is before the Association. Any remarks upon the motion are in order.

The motion was carried.

DR. GRAY. As Dr. Everts has distinctly declined to be a member of that committee, the chair would name Dr. Curwen, Dr. Nichols, and Dr. Callender, as such committee. It is understood that Dr. Earle and others will communicate what they desire to say in writing to this committee.

DR. CHAPIN. The Committee on Nomination of permanent officers of the Association for the year, respectfully presents the following: For President, Dr. Pliny Earle, of Massachusetts; for Vice-President, Dr. O. Everts, of Ohio.

DR. NICHOLS. I move that the report be received and that its reception carry with it the appointment of these officers.

Carried.

Dr. Curwen presented an invitation from the Board of Managers of the Pennsylvania Hospital for the Insane to the members of the Association to visit the Male

Department of that institution; from the Medical Society of the State of Pennsylvania to meet with them in session at the annex of the Union League Club; from the Board of Managers and Medical Staff of the Pennsylvania Hospital on Eighth street to visit that institution; from Dr. Henry H. Smith, President of the State Medical Society, of Pennsylvania, to a reception at the Academy of Fine Arts; from Dr. John C. Hall, Superintendent of the Friends' Asylum at Frankford, to visit that institution..

Referred to the Business Committee.

The Secretary read a letter from Dr. Buttolph, certifying Dr. E. E. Smith, Assistant Physician, as representative of the State Asylum at Morris Plains, N. J. Also a letter from Dr. Reed, of Halifax, Nova Scotia, introducing his assistant, Dr. George S. Sinclair, as representative of the Provincial Asylum.

The President, Dr. GRAY. The reception of assistant physicians presented in that way is one of the general regulations of the Association, and those gentlemen will take seats as members.

The President, Dr. Gray, then read his address as President, on Heredity, at the conclusion of which he said:

Gentlemen of the Association: I thank you for the honor conferred upon me in making me the presiding officer of this body. It is now my pleasant duty, in leaving the chair, to hand it over to the distinguished Nestor of our profession, Dr. Earle, of Massachusetts.

Dr. Earle, on taking the chair, said:

To all of us, gentlemen, this is an interesting occasion. The coming together at our annual meeting, the grasping of the hands of friends, the mutual looking once more, eye to eye, upon familiar countenances, the renewal of old friendships and the formation of new ones, and, above all, the hope that we may here gain something which shall assist us in our laborious duties at home,—all

these conspire to make this gathering abundantly interesting to every one of us. But you will pardon me if I claim that to me it is more—it is overwhelmingly more so than it can be to any other person now present. As I look around me I recognize the form and the features of no one of my compeers who, forty years ago assembled in this city, upon this street, and but two or three squares below us, to form this Association. Many of you, gentlemen, were then in your cradles; several, perhaps, were in their first swaddling clothes, and some were but dim shadows of the accidental or the incidental possibilities of the future.

With me and the companions of forty years ago, it has been and is but the repetition of history or of fiction, the history or the fiction of the old dinner party of thirteen men who met annually until, at length, the thirteenth one sat, sad and solitary at his anniversary meal. And this repeated story is now nearly told. Under these circumstances, to me, gentlemen, sufficiently suggestive in themselves, you have come with an offering the addition of which is, as a matter of sentiment, like the laying of the last sustainable straw upon the camel's back. Not longer to detain you, I simply, and from the innermost recesses of my heart, render to you my thanks.

Dr. CURWEN. On behalf of the Committee on Business, I would respectfully present the following report:

Tuesday, hold session for business, from 3 to 6 P. M.

Wednesday, hold session for business, from 10 A. M. till 1 P. M. At 4 P. M. meet the members of the Medical Society of the State of Pennsylvania, at the Union League Annex. At 5.30 P. M. visit the Pennsylvania Hospital, Eighth and Spruce Streets. In the evening attend the reception of Dr. Henry H. Smith, President of the State Medical Society, at the Academy of Fine Arts.

Thursday, hold a meeting for business, from 10 A. M. to 1 P. M. At 1.30 P. M. leave the hotel to take the train at Broad Street Station at 2 P. M. to visit the Friends' Asylum at Frankford, returning at 6 P. M.

Friday, hold a meeting for business, at 10 A. M. to 1 P. M. At 2 P. M. visit the Department for Males of the Pennsylvania Hospital for the Insane, by invitation of the Board of Managers, and returning at 6 P. M. At 8 P. M., hold a meeting for business.

The report was adopted, and on motion, the Association adjourned to 3 P. M.

The Association was called to order at 3 P. M., by the President, Dr. Earle.

The Secretary presented the report of the Committee to audit the accounts of the Treasurer. The accounts were found to be correct and a balance on hand of \$6.25; and the committee recommended that an assessment of five dollars be levied on each member to meet the expenses of the Association.

The report was adopted.

Dr. Earle requested that each member should send him for this year two copies of their reports: one for the library of the hospital at Northampton, and one for the library of the Antiquarian Society of Massachusetts, at Worcester, and in the future send one report to the Antiquarian Society.

Dr. Earle stated that he had presented sets of the various reports of the Institutions for the insane, which he had accumulated through many years, to the Antiquarian Library; that they might be held as a permanent record of knowledge on this subject.

Dr. Curwen then read the address prepared by him, and stated that he had also prepared a full account of the names, with date of appointment and resignation, of each Superintendent.

After some discussion as to the manner of publishing the History, Dr. Everts offered the following resolution, which was, on motion, adopted:

Resolved, That the Secretary of the Association be authorized to publish five hundred copies of Dr. Curwen's Supplementary History of the Association, at the expense of the Association, provided that he shall send a written copy of all matters pertaining to each institution to the Superintendent of such institution for correction, fifteen days before publication, with notice to return the same within that time; one copy of such publication to be furnished gratuitously to each member of the Association. All copies required by Superintendents or other persons, in excess of

the number provided for, to be furnished at cost of publication by the Secretary. The copies to the members to be furnished unbound.

Dr. CURWEN. According to arrangements made the next paper in order was assigned by the committee to Dr. Earle. Owing to his health he was unable to prepare it and declined; the Secretary then wrote Dr. Shurtleff, of California, and asked him to prepare it. His health also failed, so that no address was prepared.

The President announced the next paper in order, "Progress in the Treatment of the Insane," by Dr. Stearns. (See this number JOURNAL OF INSANITY.)

The next paper was by Dr. Godding on "Progress in Provision for the Insane."

After the reading of Dr. Godding's paper the Secretary read a letter from Dr. Daniel Clark, of Ontario, expressing his regret at being unable to be present at the meeting.

On motion of Dr. Curwen, it was

Resolved, That the medical professions of Philadelphia and the members of the Medical Society of the State of Pennsylvania be invited to attend the sessions of the Association.

The Secretary then read the minutes of the session of the day, and on motion, the Association adjourned to 10 A. M., Wednesday.

The Association was called to order at 10 A. M., on Wednesday, by the President, Dr. Earle.

The Secretary read letters from Dr. H. M. Hurd, of Pontiac, Mich., from Dr. Gundry, of Catonsville, Maryland, and Dr. J. S. Butler, of Hartford, Conn., expressing their regret at being unable to attend this meeting.

On motion of Dr. Chapin, Hon. D. Willers, one of the Trustees of the Asylum at Willard, N. Y., was in-

vited to a seat and to participate in the proceedings of the Association.

On motion of Dr. Palmer, Mr. Levi S. Barbour, of the Board of Public Charities of Michigan, was invited to attend the meetings of the Association.

The Secretary read an invitation from the Board of Trustees of the House of Correction, to the Association to visit that institution. Also a letter from Dr. John V. Shoemaker, inviting the members to a reception at his house.

On motion of the Secretary they were accepted and referred to the committee on business.

The **PRESIDENT**. The next business in order is the reports of the standing committees. The first committee, is that on the Annual Necrology of the Association, Dr. Theodore W. Fisher chairman.

Dr. FISHER. It was thought best not to present any memorial on the death of Dr. Kirkbride, as that was expected to be covered by the report of the Secretary, and also by such spontaneous offerings as would be heard on this occasion. I have, however, a sketch of the other deceased member, Dr. Gale, prepared by Dr. C. C. Forbes, of Arkansas, which I will read.

The subject of this writing was born in Owen County, Kentucky, on the 25th day of January, 1828. His life though cut off a little past middle age, was singularly eventful. Graduating when quite young from Transylvania University, at Lexington, in his native State, he entered the office of his father, an eminent and popular physician, as well as a wealthy and influential man; and after the usual term of pupilage, under the care of so interested and capable a preceptor, he was enrolled in the classes of the Jefferson Medical College of 1847-48, graduating with excellent standing the latter year.

His first location in the pursuit of his profession was at Covington, Kentucky, where, it is said, his practice was signalized from the beginning by marked success. While in this field he became a staff officer of the Cincinnati Commercial Hospital. After very creditable public service and while possessed of a flattering and remunerative private clientage, he was induced by his family and their friends to change his location to the midst

of the community in which he had been reared; where his personal worth was appreciated, it might be said, to a degree of partiality, and his professional capability and skill were recognized at once. A man of lively sympathies and of a generous and genial nature, he could never feel indifferent as to whatever affected in any way those among whom he lived and moved. He was distinctly and distinctively one of the people. Influenced by their wishes, he was twice elevated by their suffrages to the office of County and Probate Judge of Owen County. Subsequently he served his county one or more terms in the Legislative councils of the State, assuming a prominent part in their proceedings and leaving a highly creditable and flattering record.

At the beginning of the war, impelled by his ardent sympathies with the South, he entered the service of the Confederate States in Colonel D. Howard Smith's regiment, which constituted a portion of General John H. Morgan's famous command. His health failing from the energetic performance of his very arduous duties, he was obliged to resign his position and quit the service. After the war he settled in Louisville, where he immediately realized the eminence which he had already achieved. He very soon commanded a lucrative practice and assumed a prominent place upon the staff of the City Hospital, where his tastes affecting surgery most, he took an enviable stand among the many powerful and eminent men then and still identified with the specialty in that institution. Besides devoting considerable time to clinical teaching in the hospital, he also gave lectures for several seasons in the Louisville Medical College. He was chosen about the same time Secretary, who was also ex-officio financial manager, of the Physicians' Medical Aid Society.

In 1873, he was appointed surgeon to the Louisville, Cincinnati and Lexington Railroad, and a year later by the Paducah road to a similar position. In this capacity he served these roads till 1879, when he was appointed by Governor Blackburn as Superintendent of the Central Kentucky Lunatic Asylum, in which position he continued till the day of his death, which occurred, as remarkable, on the day fixed for his resignation of the office to take effect. Lately, Dr. Gale had realized very sensibly and painfully the aptness of the pithy and pointed words of somebody, that "a superintendent of an asylum for the insane dwells ever upon a volcano liable at any moment to empty a catastrophe." He was both confiding and indulgent, and trusted his subordinates perhaps unduly. Unfortunate occurrences, concealed from him,

led to charges which challenged investigation, and which eventuated in confirmation. Although the great mass of the testimony in the premises went very far to exculpate Dr. Gale himself, and to establish the goodness of his nature and efficiency of his management, still the worry and anxiety incidental to the proceedings so preyed upon his sensitive feelings and already failing health as, no doubt, to hasten his death.

In 1846, when in his nineteenth year, Dr. Gale was married to Miss M. C. Green, a most charming and estimable lady, whose death, in 1880, preceded his own. As the fruit of this union, three children survive their parents, one son and two daughters, all married. Only a few weeks ago he was joined in a second marriage; this time to Mrs. Susan Bryant, an esteemed and excellent lady, the daughter of Dr. Hughes, a gentleman of fine fortune and great influence, residing near Springfield, Kentucky.

In his personality Dr. Gale was a man physically of an exceptionally fine order; of commanding size, he was well-proportioned, gainly and graceful. Socially he was genial and unreserved, while he excelled as an agreeable and entertaining conversationalist. Although possessed of mental endowments and culture much above the ordinary plane, still his breeding and native modesty would never allow these qualities to even seem obtrusive. He died at the residence of his son-in-law, Mr. J. C. Reid, in Owen County, near the place of his birth, on the 22nd day of April, 1883, in the fifty-seventh year of his age.

The President, Dr. EARLE. The next report in order is from the Standing Committee on Cerebro-Spinal Physiology, by Dr. Dewey.

Dr. Dewey read a paper entitled, "Notes on Promotion of Mental Health by Care and Training of Children."

The PRESIDENT. Will the members of the Association discuss this paper at this time?

Dr. FISHER. I do not rise to discuss the paper, but I think it is a step in the right direction, and if the Doctor would go through his whole hospital he might present us with valuable statistics in other years.

Dr. GRAY. I hope that the orator in the upper corner will give us something on the subject.

Dr. GRISSOM. "I am no orator as Brutus is."

Dr. GRAY. I regret that a paper of such practical value should go to the table without discussion. I think with Dr. Fisher that the paper of Dr. Dewey is a step in the right direction. It is beginning at the right end in such cases. I presume the difficulty that he labored under is one that we have all appreciated, of getting information imperfectly from the persons who bring patients to asylums. I thought I could see in some cases, of which he gives a brief analysis or synopsis, that he had labored under that difficulty. I have not a doubt in my mind that in the direction of true progress in reference to the appreciation of causes and the proper classification and treatment of the insane, it is very important that we should have more information than we usually get or are able to get to commence the care and direction and treatment of patients. Going back, as Dr. Dewey has suggested, to childhood, to see the influences that are brought about children from the hour of their birth to form their characters, to develop or suppress their passions, to guide them in all ways, either into usefulness and integrity and duty, or to let them drift to themselves, is of vital importance. Now it seems that several of these cases presented by Dr. Dewey were children that could hardly be said to have been brought up; they simply grew up as weeds grow in the streets, subject to the tramp of every foot or anything that might occur. Out of just such cases we have the institutions for the reformation of criminals very largely filled, and occasionally they drift to the asylums, but I perceive from the description of the cases given, that in the majority of these instances they have not simply been subjected to the exposure or drift of life, growing up on the street, houseless, finding there rest for the night and then pilfering or living as best they could through the day, without parents or friends, or any one to guide them, but they have been given to those very excesses which in themselves, independent of such a vagabond life, are capable of producing almost any disease. I notice that some of the young boys as a beginning have had syphilis. I think the earliest, the Doctor said, was at fifteen years of age. Now the lesson to all of us is—and I hope that Dr. Dewey will follow up the subject as he has opportunity, by taking a larger number of persons, and giving us as accurate information as possible, and classifying them as he has here—the lesson that paper should teach is this: that we as representatives of one of the departments of medicine and of a great department of hygiene, certainly of mental hygiene, should use our influence, perhaps more than we do, with reference to the very point

suggested in almost the first sentence of the paper of Dr. Dewey, that is, the care and guidance and bringing up of children. I think instead of standing at the other end of the line and inquiring what the diseases are we are to treat, we should do more towards going back to the beginning and impress upon the communities in which we live and act, and through the legislatures to which we constantly report, the infinite importance of early training. Certainly we represent these institutions and the interests of the public, and we should seek to impress upon the public authorities the greater importance of originating and using protective measures, so that in the training of children from the very beginning, in our schools, and through humane societies that look after youth and children, the plain, simple facts in regard to vice, to training, to education, to diet, and all the elements that go to develop the physical, mental and moral life of youth, should be appreciated. There is where I think we should begin if we wish to arrest the growing progress that there seems to be of diseases, insanity included.

The PRESIDENT. The next report is upon Cerebro-Spinal Pathology, by Dr. Catlett, of the committee.

Dr. CATLETT. A report was not expected from me, but the chairman of the committee from this section recently notified me that he would not be present and would not make a report. This paper is not intended as a report; it is only a supplementary paper, written before I received his notice. Being excessively feeble from the effects of sewer gas in my room last night, I will have to ask the indulgence of the Association.

Dr. Catlett then presented a paper on the Pathology of Tinnitus Aurium.

The PRESIDENT. The paper is open for discussion.

Dr. FISHER. In regard to the paper I have but a few words to say. I have been aware for a number of years, as probably all of you have, that auditory diseases should be included in the symptoms to be observed among the insane. Deafness, or partial deafness, and hallucinations of hearing are very common in our insane hospitals, but the difficulties of investigation are considerable. It is impossible to rely always upon the statements of our patients, and investigations must be limited to testing the hearing in many cases and making such superficial examinations as are possible. I had, not long since, a case of suicidal mania, in which I thought possibly some post-mortem evidence might be found of disease of the internal ear. There was deafness in both ears which had been gradu-

ally increasing for a number of years. There was also a decided tendency to rotary motion from right to left, exhibited when the patient was walking by a series of cycloid motions across the floor, and when the patient was seemingly conscious of his actions. It was thought probable that some of the semi-circular canals might be found diseased. There was soon, unfortunately for the patient, an opportunity for the determination of his disease by an autopsy. On careful examination the semi-circular canals were found perfectly healthy in both ears, but evidences of disease were found in the cortex and in the membranes of the brain, such as are often found in cases of insanity of somewhat long standing. It was therefore supposed that the disease which affected the function of the equilibrium was of centric and not of eccentric origin. As it is often difficult to determine whether disease exists in the ear, we should carefully examine each case. Every patient coming into a hospital should be examined with reference to his hearing, as a matter of routine, as well as to the condition of the retina.

The PRESIDENT. The next paper will be on Therapeutics of Insanity and New Remedies, by Dr. J. B. Andrews.

Dr. Andrews before reading his paper said in explanation :

The paper I am about to read is illustrated by pulse tracings by the sphygmograph, used to show the action of drugs upon the circulation. The instrument employed is a modification of Pond's and is simple in construction and action and gives very satisfactory tracings. I have prepared a few specimens which I will pass around, simply to show the work of the instrument. Thus far the sphygmograph has been but a plaything in the hands of many who have attempted to use it and by few have its possibilities been developed. Those who have thoroughly tested the instrument and are therefore most competent to judge, claim for it a great value in the diagnosis of disease. A medical friend who has extensively used the sphygmograph, in an album of some two thousand tracings, presents many of great diagnostic value. That the instrument has not as yet assumed its proper place as an aid in diagnosis is largely due to the want of sufficient skill in its use. To take a good, characteristic tracing requires considerable experience and patient labor. Many of the tracings which would seem at first to be admirable because of their size are really useless, as they show only the systolic beat of the heart without the tension or diastole.

of the vessels. This instrument is very simple. It acts by transferring the arterial beat through a rubber diaphragm to the lever which gives motion to the needle. This motion is more direct and made with less friction than in other instruments. Another improvement is in the shape of the needle, the curve at the extremity prevents its plowing into the paper and gives greater sensitiveness to its motion. It is so arranged by a screw that the barrel of the instrument can be lengthened or shortened, and this raises the lever from, or causes it to approach the diaphragm, thus adapting it to different pulses. If the artery lies very near the surface, less pressure will be required, and then by screwing up the barrel the end of the lever is brought nearer the diaphragm which makes the sphygmograph more sensitive. If the pulse is more deeply seated more pressure upon the artery must be used; then the lever is lifted from the diaphragm. The instrument is so arranged that the paper can be passed through at different rates of speed, to correspond with that of the pulse. The watch motion is very perfect and runs continuously for three minutes.

I would like to call special attention to two of the tracings presented. They are instances of very high tension, the highest I have had an opportunity to take. The pulsations were only 32 per minute, increased on exercise to 40.

The papers are prepared for the tracings by being uniformly blackened. This is accomplished by smoking them over a lighted lamp and they are finished by being immersed in or painted over with a varnish, made from the following recipe:

Gum Sandarac, ̄ ss.

Alcohol, Oss.

Castor Oil, 3 ii.

Simple collodion will answer a very good purpose but does not give the finish produced by the preparation given above. This is recommended by those engaged in the manufacture of sphygmographs, and does not originate with myself.

You will notice in the tracings presented, that while there is great variety there is a close resemblance in all of those taken from the same pulse. While there is as much diversity in the tracings of different individuals as in the appearance of their faces, a correct tracing is as characteristic as the photograph of the individual.

With this introduction the Doctor read his paper upon Paraldehyd, Nitro Glycerine, and Jamaica Dog-

wood. This paper was profusely illustrated with sphygmographic tracings. * * *

In reply to a question by Dr. Grissom in regard to the action of Nitro Glycerine in epilepsy, Dr. Andrews said :

The patient who had been under observation for a year had never before had a series of convulsions, but after taking the medicine for some six weeks he had a series of thirty-two seizures. The medicine was then discontinued and he has since had an occasional single convulsion only. Glonoin has proved itself valuable in cases of feeble heart and of atheroma of the arteries, the tension of which it relieves in a marked degree, and also in cases of albuminuria ; see statements of Dr. Bartholow in *Philadelphia Medical Times* of a few months ago. As the use of the drug in these diseases has been investigated, and conclusions favorable to its use presented I have not enlarged upon this part of the subject.

Dr. CURWEN. I wish to introduce to the Association Dr. J. C. Kerlin, Superintendent of the School for Feeble Minded Children at Media. I have from Dr. Kerlin, on behalf of the Pennsylvania Institution for Feeble Minded Children, an invitation to visit that institution Saturday next, the 17th. Transportation will be furnished. I wish also to state the reason of the absence of Dr. Kilbourne, of the Hospital for the Insane, Elgin, Illinois, as he has requested me to do so. He expected to be here, but has been confined for some time past to his room with acute rheumatism.

I have also another invitation from the Secretary of the Medical Society of the State of Pennsylvania, saying that society had arranged an excursion to Cape May and that if any gentleman wished to take part they would furnish the tickets. There would be a special train leaving Camden for Cape May, on Saturday, to return on Monday.

There is also an invitation to the Association from the managers of the Pennsylvania Hospital to visit that institution at the same time that the Pennsylvania State Society go there. The invitation to the State Society was to visit the hospital this afternoon at 5.30, on the invitation of the Board of Managers, and the invitation to this Association is to go at the same time.

The Association then took a recess until 3 P. M.

The Association was called to order at 3 P. M. by the President.

Dr. CURWEN. I am requested in behalf of Dr. D. D. Richardson, representing the Guardians of the City Poor, to extend to this Association an invitation to visit the Insane Department of the Philadelphia Hospital at any time that suits their convenience.

I will read the report of the committee on Time and Place of next meeting.

The committee recommend the third Tuesday in June, 1885, as the time, and Saratoga, N. Y., as the place for next meeting.

The report was adopted.

Dr. EARLE. I would appoint as Committee of Arrangements for next year, Drs. Gray, Chapin, Andrews, Nichols and Curwen.

The Association then adjourned until Thursday morning.

In the afternoon the Association met with the State Medical Society of Pennsylvania in session in the Union League buildings. Afterwards they visited the Pennsylvania Hospital on Eighth street with members of the State Medical Society. In the evening the members of the Association attended the reception given by Dr. Henry H. Smith, President of the Pennsylvania State Medical Society, at the Academy of Fine Arts.

The Association was called to order Thursday at 10 A. M. by the President, Dr. Earle.

Dr. Stearns introduced Dr. Gurdon W. Russell, one of the trustees of Hartford Retreat, who was invited to a seat in the Association, and to participate in the discussions.

Dr. PALMER. I understand that Dr. Foster Pratt, of Kalamazoo, would like to introduce some resolutions this morning. I would suggest that he be allowed to do so now.

Dr. PRATT. Mr. President and gentlemen: Before introducing the resolutions that I have here I wish to remind the gentlemen present of the fact that last fall at Detroit, at the meeting of the

American Public Health Association, I had the honor to read a paper which was in essence a careful study of the tenth census of the United States with regard to what it calls "Defective Classes of Population," including insane. The paper was ordered published and a copy has been sent to every institution for the care of the insane, and also to every member of Congress and to State officials. The importance of the subject will commend itself, I think, to this body.

Dr. Pratt then presented a series of resolutions for the consideration of the Association, and said :

While a study of the censuses of 1860, 1870 and 1880, as is remarked in the preamble, shows the increase of insanity and that our foreign-born population is one of its most important factors, we have, in addition to the statistics, a great many isolated and important facts in late years to substantiate the general charge. Among several leading editorials which the Chicago papers gave to their readers in comments upon my paper, when first published, there was one very important article, an editorial, which contained the statement that the day previous, in Chicago, thirty persons had been adjudged insane by the courts, all foreigners, and none of them more than six weeks in the United States. Entirely a *propos*, I find in the New York *Herald*, this morning, the following editorial :

PAUPER IMMIGRATION.

The action of foreign governments in exporting their paupers to this country is as ill-advised as it is impertinent. Hitherto perfect freedom to admission to life and labor in the United States has characterized our system of economy, but this never contemplated the emptying upon our shores of the contents of British or other foreign workhouses. The arrival by the City of Rome of forty or more persons thus described, should arouse the vigilance of the authorities, and they should at once be returned whence they came. The fact that in this instance heads of families have been supplied by the British authorities with a little money looks like an attempt to evade the strict definition of paupers while preserving the essential character. If there is probability of such persons being thrown upon our charities for their subsistence they should be considered paupers and treated accordingly. The act of sending them here is ill-advised, because it is not unlikely to induce such legislation at Washington as will materially interfere

with all foreign emigration to this country, a course of action not to be desired on any account.

It is but little over a month since two hundred and fifty were landed from one vessel at Boston, from Glasgow, I believe, but happily by a cablegram from Glasgow they were detected and are reported to have been sent back.

Now it is a significant fact, that, while those concerned in the management of immigrants claim, that as they arrive, they are constantly sent back when found to be defective in any way, I have the statistics of the commissioners of emigration for the State of New York for the last ten years, and by their published statistics in those reports, year by year, they have failed uniformly to report the number sent back. I have also the reports of the Bureau of Statistics at Washington, a complete file from the organization of that department, or bureau, and while they enter into great minutiae of detail in the statistics of emigration, they, too, utterly fail to report these cases of pauper or defective persons sent back to the ports whence they came.

Dr. CATLETT. Before that resolution is put upon its passage, I would like to suggest to Dr. Pratt one addition. As he proposes that a copy be sent to the State authorities, I would suggest that it be sent also to the medical societies of each State. Through the State medical society, and directly through the medical profession, the subject might be brought with more force and influence to the attention of the legislature.

Dr. PRATT. I have no objection to such an addition.

Dr. NICHOLS. Before the resolution is put to a vote I would like to make this observation. Dr. Pratt says in his preamble that one-eighth of the population of the United States is composed of the emigrants of 1848 and their descendants.

Dr. PRATT. No, sir; the foreign born, immigrating since 1848, and alive in 1880, are one-eighth.

Dr. NICHOLS. I misunderstood the Doctor. The fact, however, does not change what I have in view. I got the idea that one-third of the paupers, one-third of the criminals and one-third of the insane and other dependent classes are immigrants, since that period. I understood him to state that one-third were immigrants and their descendants since that period. While I have not the slightest reason to doubt what the Doctor says in his preamble, that these facts are clearly demonstrated by the census of 1860, 1870 and 1880, I am a little cautious about voting upon facts that are not within my personal knowledge; that is, from personal

inquiry. Of course they can not be within my personal knowledge, any more than they can be within Dr. Pratt's, except as I should examine those censuses with a view of determining the truth of the deductions that he has made, and here presented. If the language was changed slightly and not so positively stated, for instance, to say that whereas "it appears" from an examination of the censuses of 1860, 1870 and 1880, that one-eighth of the population of the United States are emigrants since 1847 and 1848 and that they furnish one-third of the dependent classes, I shall have no objection whatever to vote for the resolutions. The subject is unquestionably of very great importance and there are other aspects of the question of immigration which are of very great importance, but these are the only aspects upon which I think it would be proper for us to present the subject to congress. If the Doctor would be willing to make the change in his resolution so as to read, "it appears from an examination," instead of saying, "conclusively demonstrates," it strikes me that it would not make the document less strong before congress.

Dr. PRATT. I have no objection to making the first clause read, "it appears to be demonstrated," if you do not like the word "conclusively."

Dr. NICHOLS. I would say that it "appears" from such examination. I think I would not use the word demonstrated.

Dr. PRATT. I have made a careful study of this matter for some four or five months, based solely on the statistics of the subject.

Dr. NICHOLS. I have not the slightest doubt of the truth of that; I have no doubt it was made after a careful examination of the statistics, and therefore I would be willing to make it less strong.

Dr. PRATT. There is no objection to changing it, so as to adopt the phraseology of Dr. Nichols.

Dr. EARLE. It is an important change.

Dr. STRONG. Dr. Pratt's conclusions are based upon mathematical data.

Dr. NICHOLS. You have not done the sum.

Dr. STRONG. Dr. Pratt has.

Dr. PRATT. In order to overcome the personal difficulties Dr. Nichols labors under from not having investigated the subject himself, I would say that I have tables here, copies of which I sent by mail to every hospital for the insane in the land, and to several two or three copies, for careful study. I would like, now that I am on my feet, to give a few statistics with regard to separate

States, beginning with New York. Of native whites, 3,805,000; foreign, 1,210,000; one-fourth of the entire population therefore is foreign born in the State of New York! Now mark; of the native white 7,595 are insane, but of the foreign born (one fourth) 6,321 are insane. Almost one-half of the insane of that State are furnished by one-fourth of the population. Nearly the same is true in my own State, Michigan, and in Pennsylvania, and in nearly all Northern and Western States and Territories.

Now, as I have stated, and as you gentlemen understand, these figures are from the census tables and official in all respects, and I think if any gentleman wishes to have a demonstration he can have it by studying the subject. I wish to read a paragraph or two which will take but a moment. It shows the ratio of increase:

“*First*,—beginning with 1860—while the foreign born population has increased, since 1850, nearly 100 per cent, the foreign born insane had increased 181 per cent.

“*Second*,—that at the close of the second decade in 1870, the total foreign born had increased only 30 per cent., but the insane of this class had increased nearly 100 per cent.

“*Third*,—in 1880, the foreign born had increased less than 20 per cent, but their insane had increased 150 per cent.

“A statement of the proportion of insane to each class of population—native and foreign—at each census, shows, very clearly, the *relative* rate of increase.

“In 1850, of native population, there was 1 insane in 1,545; and of the foreign born, 1 in 1,095.

“In 1860, of native born, the proportion was 1 in 1,559; and of foreign born, 1 in 717.

“In 1870, natives furnished 1 insane in 1,258; and foreign 1 in 497.

“In 1880, native population shows 1 insane to 662; and foreign born 1 in 250.

“(It should be borne in mind, that, in the foregoing statements, the inaccuracy of the census aggregates, in all vital statistics, prior to 1880, is conceded, but their relative fairness, in the distribution of insane, is assumed).”

These are the actual figures, gentlemen.

Dr. CURWEN. Mr President. I would like to state that Dr. White, of Texas, is in the room and I would move that the usual courtesies be extended to him.

Carried.

Dr. FRANKLIN. I would add two or three items to the statements of Dr. Pratt. New York city suffers to a greater extent than any other place from the very difficulties of which Dr. Pratt speaks. Ireland furnishes to our institution on Blackwell's Island, the greatest number of patients. Germany comes next, but I noticed in 1881 in framing the tables for the annual report, looking up the matter of nationalities, that nearly one-half of the admissions for the year were of people who had been subjects of Great Britain. Attracted by this fact, I again looked up the matter in 1882, and I found that the number of those who had been subjects of Great Britain a little exceeded fifty per cent. I have not made up the report of last year—have not followed the figures down, but shall do so to see if there is a greater increase. Then, of course, we get a great many from the Asylum for Insane Immigrants at Ward's Island, who have completed that period of care for which the Emigrant Department is responsible. Again, we get many whose recent arrival in the country is suspected, but whose mental condition is such that we can learn nothing from them as to the time of their arrival, and not being visited by friends we fail to get information in any direction. We often get nearly all the facts required, from the patient; sufficient to satisfy us that they are recently arrived immigrants, but the failure of recollection upon one or two important points makes it impossible for us to perfect a certificate which would send them to the immigrant asylum. These difficulties are sometimes done away with when the patient has nearly recovered, but at other times, after they have become incurable to all appearances, they have then been able to give the information, but have acquired the right to citizenship by residence in our institution.

Dr. CHANNING. I think there is one element that we have lost sight of in comparing the proportions of the insane in the foreign population and in our own, and that is, the relative proportion of children. The number of these in our immigrants is smaller comparatively, than in our native population. Therefore the inference that we would draw without considering these circumstances might be misleading. An investigation is now being made in the hospitals of Massachusetts by taking the number of insane of foreign parentage and making a comparison in that way, and you, Mr. President, probably know the proportion better than I do, but I think it is that three-fifths of our patients are of foreign parentage in our hospitals.

Dr. EARLE. I forget the proportion.

Dr. PRATT. Since the publication of my paper, I may state that I have had some correspondence with Mr. Wines, who is especially in charge of this part of the census, in which I took occasion to call his attention to the fact, as revealed by the census, that of the native born white element in the northern States and Territories and District of Columbia, the number of native born children of foreign parentage outnumbered those born of native parentage by a million and a half. It is an astounding statement, but the statistics prove it conclusively. I will repeat it; that in the northern States, Territories and District of Columbia, the native born children of *foreigners* exceed the children of *native born* parents by a million and a half, but the statistics of the census compendium do not show when they come to classify the insane, anything about the *parentage* of the native born whites. While it is apparent from a study of the census that the proportion of insanity to population is increasing in the *native white class*, and very rapidly since 1850 or 1860; yet the statistics fail to show how much of that is due to the children of foreign parents, and how much to the children of native parents. While of course, the children born here of foreign parents are treated by the census as native born, it fails to give us the important data which should be given, and without which we can not thoroughly study the subject, and Mr. Wines hopes to give, in subsequent volumes of the census, tables that will remedy the defect. The gentleman from New York represents that State as exceptionally troubled. Almost the proportion that is found in New York is found in my own State. While the foreign born of the State are not more than one-fourth of the population they furnish nearly one-half, over one-third, of the insane. We have two important ports, and a great many immigrants come to us from or through Canada by Port Huron and Detroit. We are subject to the same condition of things as New York.

Dr. FRANKLIN. My statement was that fifty per cent were subjects of Great Britain alone.

Dr. PRATT. I am reminded by the gentleman sitting next me, that perhaps I am mistaken with reference to the statement that the 250 from Glasgow who landed in Boston some weeks ago were returned. They were sent West after a fine of five dollars was imposed.

Dr. FISHER. I did not wish to give the gentleman the idea that a fine of five dollars was imposed, but, as I recollect the circumstances, the immigrants were found to have about five dollars in

money which had been furnished them, and on that ground they could not be considered paupers, and they all represented that they had relatives West to whom they were going. They were examined and it was contemplated to send such back as were not found to have sufficient means of support. I think, as it was, *they were not sent back.*

Dr. EARLE. I do not know that it is any consolation for us to know it, but I believe the leading man in the Emigrant's Aid Society, of Great Britain, is a great-great-grandson of the William Tuke who first ameliorated the condition of the insane at York Retreat, England.

Dr. CHAPIN. It does not appear to be well for this Association to make any declaration about paupers and criminals, with which classes we, as an organization, have but little to do. In regard to the insane of foreign birth, I do not understand that Dr. Pratt would have us believe that one-third of the insane of the country were foreigners and insane and paupers before immigration. Such a statement, if true, should attract instant attention. If the number of foreign lunatics is as great as stated by Dr. Pratt, and there can hardly be any question about the fact as stated, then it might well become us all, and even congress, if disposed to investigate a social problem of this nature, to ascertain under what social conditions so many persons become insane *after* their introduction into the country, which I think is a more correct statement of the case.

The emigrant enters a strange country and is subject to depression from home-sickness. The voyage, the change in the character of food and in his surroundings; want of care when sickness begins all conspire to develop insanity, and they certainly have the advantage over the native born in securing prompt admission to the public asylums. If congress is further disposed to investigate the circumstances and social condition of the country, which may lead so many foreigners to become paupers and criminals, any thing we can do as citizens to encourage the effort should be done. It does not, however, seem wise without further and more careful examination of the subject, to move in the matter as an organization. I am under the impression that paupers, criminals, or lunatics, may be turned back in attempting to enter the United States, in accordance with the existing laws.

Dr. PRATT. The law is simply directory. There is no penalty upon anybody that does not obey the law; it is simply directory. Now with regard to the last point raised. As you will see, it is a

very difficult matter to obtain statistics on this subject to any great extent—reliable statistics—of the number who come here actually insane; but this body will readily understand that epileptics and others who are periodically insane, who have a lucid interval of two or three months, can easily be sent here to arrive all right, who became insane soon after getting here, who once here and in an institution, will remain there, especially if they are of the class of dangerous epileptic insane. When I was on the floor before, I called attention to the statement from Chicago that thirty persons were adjudged insane there in one day, every one a foreigner and none of them in the country more than six weeks.

Dr. EARLE. I would ask the gentleman whether we should infer the possibility of that number being adjudged insane every day, or whether in that city there are not certain days for trying the question of insanity and those thirty had accumulated?

Dr. PRATT. It is a daily business of the courts in Chicago. The important point is not whether it is daily, weekly or monthly; it is that thirty, all foreigners, and *not one of them more than six weeks in the country*, were found insane. Now the inference is irresistible that most, if not all of them were insane before coming here, perhaps all sent here during a lucid interval. I have personal knowledge from my intercourse with the insane and their friends in my own State that many have been sent to us who are periodically insane. They are among the class of recently termed "assisted emigrants." They are sent over here on the ground, as alleged, that they have friends who will take care of them and when they get here the friend proves to be *the State*. Now it is undeniable, Mr. President, and gentlemen, that there are moral causes which must produce insanity among the foreign born, who by a change of habits and environment for some few years, at least, after their arrival, must be liable to some form of insanity, some of which may be charged to the simple fact of removal. Mr. Wines in his preface to the chapter on Defective Population, shows the fact that in 1850 the proportion of insane to foreign born was not much larger than the proportion of the insane to native born. It was a little larger, just enough to account for these moral disturbing influences that I have spoken of here; but be the cause what it may, in 1850 the proportion of insane to the foreign born was but little larger than the native born. But since the potato rot of Ireland, (and that is just when the trouble began, gentlemen,) we sent our ships loaded with grain and other food; they came back loaded to the guards with paupers from the alms-

houses, and they were received; the hint was taken in Europe, and has been acted on ever since. The statistics show, that while, as I have already said, a certain amount of this insanity is properly chargeable to the change of residence, it is largely due to the fact that many emigrants bring with them either a periodical insanity or a hereditary tendency to it which develops here because of the moral disturbances which they encounter here. Mr. Wines makes the statement that native people, going into the Western States, develop a larger proportion of insane than they do at the East. I think I succeeded in proving that he was mistaken in his comparative estimate in that direction. The fact is that in the Western States and newly opened territories the proportion of foreign born who become insane is three times as great as that which develops among the native born.

Dr. NICHOLS. Mr. President. Before the resolutions are put to a vote I would be glad to have them read again so that we may all know the exact wording of them.

Dr. Pratt re-read the resolutions, after which Dr. Nichols said:

It will be noticed that the change suggested by Dr. Catlett is not introduced. It seems to me that that is very desirable; that they be sent to the different State medical societies. I agree with Dr. Catlett's proposition.

Dr. PRATT. I shall be very glad to incorporate Dr. Catlett's suggestion. The total figures as shown by the census I will read. As far as the insane are concerned, the total number of insane is 91,997 of which 26,259 are foreign born. I did not tabulate the pauper element because I was not so intent upon that as I was upon the matter of insanity.

Dr. STEARNS. I would like to call attention to the fact that in the preamble it is stated that one-third of the criminal class comes from those who immigrate to this country. I do not know that we have anything especially to do with the criminal class as a body. It seems to me that it would be more appropriate to limit our language to the insane, or at most to the pauper class and the insane, without including the criminal class. It would rather tend, I think, to prejudice action and bring out unfavorable comments on the part of certain members of the foreign element of our population. It might produce the impression that we were stepping outside to criticise foreigners as furnishing the criminal class if not the pauper class.

Dr. PRATT. In response to that remark I would simply say that every gentleman here is aware of the extent to which these classes run together, how many insane come from the pauper class and how many insane come from the criminal class. It was simply because of their being somewhat connected, by being defective, that these two classes were considered in connection with the insane. Of course we believe, as a general rule, that chronic paupers breed paupers, and criminals breed criminals, and we know that a great many of the insane are found in these two classes; that they recruit the insane class very considerably. And to illustrate, the gentleman is undoubtedly aware that there are a great many of the so-called German cranks, the political cranks, the social cranks, who become insane in the United States. It is with that view only that these two classes are mentioned together in the preamble.

Mr. OGDEN. Is Dr. Pratt entirely sure in saying that congress alone has the power of mitigating these evils?

Dr. PRATT. Congress has alone the power.

Mr. OGDEN. So far as criminals are concerned?

Dr. PRATT. So far as those classes include the helpless and the insane.

Mr. OGDEN. It seems to me that is a mistake.

Dr. PRATT. No, sir; I can give you the reference to the decisions.

Dr. NICHOLS. It is very clear, I think, that congress is the only power to regulate immigration.

Mr. OGDEN. My idea would be that the diplomatic relations of the government would be more efficient than congress to reach and prevent the evil.

Dr. PRATT. Diplomatic action is based upon national legislation and to some extent upon treaty.

The leading case in which the power of our States in this matter was decided is that of *Gibbons versus Ogden*, 9 Wheaton; this has been followed in *Brown versus the State of Maryland*, 12 Wheaton; *New York versus Miln*, 11 Peters; *Groves versus Slaughter*, 15 Peters; *Passenger cases*, 7 Howard; and in February, 1883, the *People of New York versus Compagnie Generale Transatlantique*, published in the *Albany Law Journal*, of April 7th, of that year. Still later, another case has been decided in California, by the circuit court, in which the precedents were faithfully followed. These references are given to aid those who wish to investigate the legal aspects of the question.

In these, a line of decisions from the time of Chief Justice Marshall down, every single attempt made by a State to obviate or mitigate any of these evils, whether relating to the insane or criminals or the pauper classes, and any attempt by a State to meddle with immigrants has been decided unconstitutional and null and void. The Emigration Commissioners of New York were finally squelched by the decision a year ago.

Dr. STEARNS. I still question the advisability of leaving anything in the resolution with reference to the criminal class. I would like to ask Dr. Pratt if he has any statistics which would indicate in that portion of the State from which he comes, or from the State or any section of the State, the proportion of insane which comes from the criminal classes.

Dr. PRATT. None that I would wish to quote as accurate. We have a certain number of criminal insane in our State which will soon be cared for in a separate institution, and we find a large proportion of them are foreign.

Dr. STEARNS. My impression is that that element is rather small compared with other elements in contributing to the increase of insanity in the native or foreign population in our asylums, and it occurs to me that it would be for our interest to leave out that class; to leave out the clause relating to criminals.

Dr. GURDON W. RUSSELL: Mr. President. I venture to say anything before this Association with a great deal of diffidence, and yet, as Dr. Pratt read his resolutions, it occurred to me that the wording was somewhat objectionable and to some extent might prejudice any favorable action on the part of congress.

Now, I will not attempt to say but what these statistics are all perfectly correct, and we have often heard it said that there is nothing so reliable as figures, which never tell a lie, but I have also heard it said that statistics were very unreliable. The general purport of the resolutions, it seems to me, is very proper, and ought to do good if passed by the Association, but I respectfully submit whether it is desirable that the Association should commit itself to the declaration that the insane and the paupers and the criminals in these United States constitute one-third of the foreign population. Now, I venture to say, that if that is the statement, whilst I will not question the truth—

Dr. PRATT. That is not the statement.

Dr. GURDON W. RUSSELL. I would say if it was the statement it would prejudice congress against any favorable action.

Dr. PRATT. I said the foreign population constitutes one-eighth of the entire population, but of our entire pauper class they furnish one-third, of the criminal class one-third, and of the insane one-third approximately.

Dr. GURDON W. RUSSELL. Then, as I understand you, one-eighth of the total population, being foreigners, these furnish one-third of the paupers, of the criminals and of the insane. It is a pretty strong statement. I do not know but the figures substantiate it. I very frankly say I have not examined them. But I will say with reference to it that statistics need to be collected with a great deal of care, and if the Association commits itself to a statement of that character, I should say that the statistics should be collected with a little more care than many statistics which go to make up our census, and you will see that if anything of this kind comes before congress for its action it must prejudice against it all who have foreign blood in them, because they would hardly accept a statement that they made up so large a proportion of criminals; and I take it the object of the resolutions is to do some good; to remedy an evil which exists and which ought to be remedied. Now this foreign element does constitute a large proportion of paupers and criminals, and undoubtedly insane, for Dr. Pratt has said the elements of insanity only require to be brought here to be developed; the first generation assists greatly in developing them. The second generation of children, I have been told by police officers, get along about as well as the average American people, and if they do, it is certainly very commendable in them, that with all the drawbacks they have, with all the obstacles in getting a foothold in the world, they behave as well as the Americans. Now, I respectfully submit whether it is necessary in order to attain the object, that the Association should be so positive in its assertion about the one-third paupers and criminals; whether you would not accomplish just as much and do it in a pleasanter way by saying "a large proportion" or "an undue proportion?" What I say, I say with great diffidence in venturing even to advise in a matter that belongs to this specialty, but speaking as one who might know some of the ways of the world, and some of the ways in which matters might be regulated by legislation.

Dr. PRATT. I think I know something of the sensibility of the foreign born to any criticisms upon them as a class; but if the gentleman will reflect a moment, this is not a criticism upon foreign born as a class. I may state that the first audience of my

paper were gathered expressly together for the purpose of estimating the effect the paper would have upon the minds of the foreign population. The first audience of the paper were two German Jews, two Englishmen, one Scotchman, three Irishmen and a couple of Scandinavians. I read the whole paper to them as it is contained in this pamphlet, and asked them if action by congress such as was asked for would excite any unpleasant feelings among the foreign classes. Somewhat to my surprise and greatly to my gratification they all, in the first place, made the statement that they knew personally that we were being imposed upon by the exportation of these classes to us to take care of, and that they as foreigners would rejoice to maintain any attempt to stop it. As tax-payers they felt the burden. Now the essential purpose will be accomplished, if the Association pass the resolutions, in such language as it prefers, and I do not know but perhaps the object could be accomplished by striking out in the preamble the allusions to the proportion which the foreign population furnish to our criminal classes. The intelligent foreign born people themselves, I have reason to know, are not at all sensitive on the subject. They know better than we do that they are not responsible; that it is really a mercenary class of municipal foreign officials who have charge of the poor and of the petty criminals, who are making it economical to send those classes to America. So far as the accuracy of the statistics is concerned, of course the paper professes to be nothing but a study of census returns. The chapter on the defective classes in the census compendium explains the great care in getting the criminal statistics. This was not obtained by any guess-work, but from the dockets of the courts in the several States for the twelve months. The pauper class was obtained in the same way by a careful gathering of official statistics. The insane were obtained partly from reports of asylums, almshouses, prisons and jails, but mainly by a very careful analysis of all returns made by the enumerators in their several districts and with this remarkable assistance: eighty thousand physicians, without fee or reward of any kind, except the consciousness of doing a work for humanity, made report each from his own immediate neighborhood, upon the report as made by the enumerator, as to the accuracy of the enumerator's report, and as a result of which some classed as insane were stricken off, and others were added, and in various ways the accuracy of the report was secured. Now, while I have studied statistics enough to know how unreliable they are, if defective, I have the greatest

confidence in the general accuracy of the statistics of the defective classes as furnished by the census of 1880.

Dr. HILL. It strikes me that the Doctor's preamble warrants a construction that he hardly intends it to mean. We might infer from that that so large a proportion as he designates of the insane and pauper population of the United States was made up of the foreign born, whereas by the comparison of the statistics the disparagement is not so great as his preamble shows, but that the recent importations from foreign countries have consisted of a vastly larger proportion of insane and paupers than twenty years back. A statement of this would seem to be in the way of the Doctor's resolution. Foreigners would not then mind or think that they were being charged with being responsible for the increase, or that their countries were furnishing us with a class of emigrants who, if not inferior to those previously sent, were more liable to become insane.

Dr. PRATT. The statement in the preamble is based on the comparative results shown by the 8th, 9th and 10th census.

The resolutions were then unanimously carried. As finally adopted, they were as follows :

Whereas, By a comparison of the statistics of the "defective classes" of our population, as shown by the eighth, ninth and tenth censuses, it appears:

First, that the proportion of insane to the total population in the United States is rapidly increasing; and

Second, that a prominent factor in this increase is the large defective element found among the "foreign born" who have emigrated to us since 1847 and 1848, and who now constitute one-eighth of our total population, but who furnish, approximately, one-third of our criminals, one-third of our paupers, and one-third of our insane; and

Whereas, While the cost of buildings to suitably keep and the annual tax to properly maintain these classes falls wholly and heavily on the several States and Territories, they are inhibited by federal laws from enacting and enforcing effective measures to prevent or mitigate these evils so far as they are caused by immigration; therefore

Resolved, That the Association of Medical Superintendents of American Institutions for the Insane respectfully urges the congress of the United States to give early and earnest attention to this im-

portant subject, to the end that emigration laws may be enacted by it which, while they do not unnecessarily obstruct the immigration of healthy and self-dependent persons, will effectively prevent the emigration and the exportation to our ports of the so-called "defective classes" of Europe and Asia.

Resolved, That, in furtherance of this object, a copy of these resolutions and preamble be forwarded to the President of the United States and to the President of the Senate and the Speaker of the House of Representatives at Washington for consideration by them and by congress; also to the Governor and presiding officers of the legislatures of each State in the Union, and to each State Medical Society, that they and the people they severally represent, who are most affected by the pecuniary burdens and by the physical and moral evils caused by the unrestricted and unregulated immigration, may be moved to take such steps as they deem best to secure early and efficient action by congress (with whom alone is the power) to abate the great and growing evils to which public attention is hereby called.

The report of the Committee on the Bibliography of Insanity was next called for.

Dr. PALMER. Mr. President; As you are aware, Dr. Hurd, chairman of the committee, is detained by illness of his family. Dr. Shew was here the first day or two and the paper was handed to Dr. Shew to be read by him, but he unfortunately had to leave yesterday, and the paper is in my hands sent by the chairman of the committee, Dr. Hurd. If the Association desires, I will endeavor to read it.

Dr. Palmer then read the report.

The PRESIDENT. Dr. S. S. Schultz will read the report of the committee on Asylum Location, Construction and Sanitation.

D. SCHULTZ. I wish to say that when I first became aware of being appointed on this committee I corresponded with the other members of it with the hope and desire that a report might be made the result of consultation and labor combined, the work of all. That idea miscarried so that the fragmentary remarks I shall offer can not be charged upon any other member of the committee.

Dr. Schultz then read the report.

The Association then adjourned until 10 A.M., on Friday.

In the afternoon the members visited the Friends' Asylum at Frankford, Pa., and afterwards the University of Pennsylvania.

The Association was called to order on Friday morning, May 16, by the President, Dr. Earle.

Dr. GODDING. I saw Dr. Schultz just prior to coming in who told me that he would be absent during the first part of the session, and he asked that the discussion of his paper might be deferred until he was able to be present. As there are other papers coming I told him I would submit that to the Association.

Dr. EARLE. I understand that Dr. Channing has something he would like to lay before the Association.

Dr. CHANNING. It was simply in connection with the subject of Dr. Schultz's paper. Perhaps I had better wait until the discussion on his paper.

Dr. EARLE. The next business in order is the report from the Ninth Standing Committee. Dr. Everts will read a paper on "Treatment of the Insane."

Dr. EVERTS. Gentlemen of the Association: I would say that the reading of a paper on so trite a subject as the treatment of insanity to such a body as this, justifies me in stating that I shall not take it as disrespectful if any of the distinguished ex-presidents shall go to sleep during the reading.

After the reading of the paper Dr. Earle said:

Gentlemen, you have undoubtedly listened like myself with great interest to the thoughtful and suggestive paper which Dr. Everts has just read. The subject is now open for discussion or remarks. It was formerly customary for the chair to call upon the different members in succession for discussion after the reading of papers. I understand that for some time that practice has been discontinued. I hope that every one will give his views upon the subject.

Dr. GRAY. Mr. President: I suppose the general silence of the members would indicate what is in my own mind in regard to the

paper that we have just heard read. Dr. Everts has so thoroughly exhausted the subject, and in such a clear, intelligent and comprehensive manner, that it seems to me the only thing remaining is to practice its precepts.

Dr. GODDING. Mr. President: Lest silence should be construed into dissent, I wish to rise to say Amen to every word and every letter of the paper.

Dr. EARLE. So far, gentlemen, there can be no complaint of long speeches and comments.

Dr. NICHOLS. I will only remark, Mr. President, that I am sure that none of the ex-presidents, distinguished or otherwise, went to sleep during the reading of the paper. While I am willing to unite in the general Amen in respect of the substance of the paper, only two dissenting thoughts occurred to me in regard to the subject matter. The Doctor spoke of patients apparently doing as well in institutions under homœopathic treatment as under any other treatment. Now I have no knowledge whatever of the therapeutical treatment—except what is to be derived from the reports, which is not great—or of the therapeutical treatment of patients in any hospital under the control of homœopaths, but my observation in New York, and I think of medical men generally, leads me to think that the homœopathic practitioners there use the class of remedies that are most used in institutions for the insane, quite as freely as we do, and therefore it would not be a fair inference that if a patient did well under homœopathic treatment, it was not because he did not get medicine. Another thought occurred to me in connection with the language of the paper, and that is an inquiry which I have often made when I have read the reports of institutions for the insane and works upon the subject of the treatment of insanity in which the use of chemical restraint is spoken of. I have never been able to see the propriety of that characterization of restraint effected by drugs. It has seemed to me that it should be called therapeutical restraint. I can not see why the administration of morphia or opium—take the original drug—to allay excitement or produce sleep should be called chemical restraint any more than the eating of a potato should be called chemical nourishment. It seems to me that the proper term is therapeutical.

With the views of the paper primarily, I fully sympathize, and I feel personally, greatly obliged to the Doctor for presenting them, and especially in the admirable diction in which his papers are all clothed.

Dr. DENTON. I beg leave to say that Dr. Ghent, President of the Texas Medical Association is in the room, and I move that the usual courtesies be extended to him.

Carried.

Dr. EARLE. If Dr. Channing is prepared it is the proper time now to read whatever he may have.

Dr. CHANNING. I have very little to say, Mr. President. It is directly in the line of Dr. Schultz's paper in regard to cheap buildings for the insane. In Massachusetts, as the gentlemen here know, we have been going through the usual reaction, as is the case in many other States, in consequence of our past expensive buildings and our insane have collected until now our institutions are practically all filled. The Danvers Hospital was opened six years ago and since that time the insane have been increasing at about the rate of two hundred a year and that is now about the rate of increase. At various times during the last three years, our Legislature and others interested have considered different plans for providing accommodation for the number of the insane which were gradually collecting. One plan that has been especially thought about has been in reference to provision for our criminal insane. We seem to have in Massachusetts an unusually large number of this class; we have in the hospital at Worcester alone, nearly seventy insane criminals. Many of them are cases of comparatively mild insanity, but the larger proportion of them are insane convicts that have been transferred from the State prison and other institutions during the last few years. Altogether there are considerably over one hundred insane criminals in our different insane hospitals.

The question of provision for this class of the insane was first presented in the form of a bill to the Legislature, but it died very shortly afterwards, and was referred from one Legislature to another. As the number of insane was increasing so rapidly last summer, a joint legislative committee was appointed to consider the subject of the future provision necessary, not only for insane criminals, but also for other classes of the insane. The committee sat during last summer. They decided that there was no need of a separate institution for insane criminals, although the superintendents of all the insane hospitals they saw very strongly advocated a separate institution. The committee thought that some separate treatment might be necessary, perhaps, in the State prison or connected with the insane hospitals, but that is as far as

they went. They however found that there was need of some increased accommodation for the general class of the insane, and among other plans that they recommended, was that of a homœopathic insane hospital, and the committee on Public Charitable Institutions this winter presented a majority report in favor of turning some of the buildings of the Westboro Reform School into a State Homœopathic Insane Hospital, to accommodate, it is supposed, about 325 patients, at a probable expense of \$150,000. There were two minority reports; one recommended that a portion of the buildings at Westboro should be adapted for the treatment of the insane and be under allopathic treatment, and the other that supplementary buildings such as those at Middletown or perhaps at Washington or at Kankakee should be erected upon the ground of some of the existing State hospitals, and those mentioned, if I am not mistaken, were Danvers and Worcester. The idea of the last minority report was that a building should be erected for one hundred persons, at an expense of \$25,000, or two hundred and fifty dollars a head, and Mr. Robert Treat Paine, Jr., of Boston, who organized our system of Associated Charities there, and was the one who introduced this bill, was a member of the committee on Public Charitable Institutions. He called a meeting at his house a week ago, for the purpose of considering in what manner cheap buildings might best be erected to supply the present need of our insane. A number of gentlemen were present, many of them legislators, some architects, two or three gentlemen interested in building, and a few physicians. Hon. Edward Atkinson, of Boston, who is very well known, I suppose, throughout the country as a prominent Boston citizen, especially interested in insurance, and who is president of our large insurance company, which insures mills and factories, was asked to present a plan for a cheap building for the insane. This he consented to do, and some of his plans, and some rough sketches which he had made on a small scale I have in my hand, and I thought it might interest the gentlemen here to see these plans. He approaches the subject from rather an original point of view. Dr. Schultz spoke of so many of our hospitals being designed by architects who knew very little about the wants of the insane. Mr. Atkinson is not an architect, but he thoroughly understands factory architecture. It seemed to be Mr. Paine's idea to see if Mr. Atkinson, with his special knowledge of cheap and adequate buildings for small and large factories, could not suggest some shape or form of building which would be cheap and in some

special features appropriate for the insane, and so he approached it from that unusual point of view. As he said, he knew very little about what the insane wanted and the most he attempted was to give a plan of a mere shell of a cheap building which *might* be adapted to their use. Since giving his views and plans on that evening, I am told, he has somewhat modified them. He discovered that there were some things necessary in providing for the insane that he had not known of before. Mr. Atkinson's plans are a direct contrast to those of a hospital like Danvers, and furnish a good illustration of an extreme of reaction. He presented several of these plans. First he described a three-story building, and in illustration of it passed around the section of a mill showing a system of piping arranged for an automatic sprinkler. The inside of this building gives an idea of a factory of three stories. Mr. Atkinson does not recommend a three-story building. This section of the mill here, however, gives a very good idea of the construction of the floors, and of the supports of the floors of a three-story mill. This plan, No. 2, is a one-story building and this is the building plan that he specially recommended, although he modified his suggestions after learning that a one-story building was not so well adapted to the insane as a two-story building. This plan, No. 2, is a frame building, although he said it could be made of brick at nearly the same cost. He would construct this one-story building with a unit of 16, that is, separate rooms should be 16 feet square, the hall 16 feet wide; the dormitories 16 feet, &c. The walls of brick or wood, as I have said before. The roof three inch pine plank, grooved and splined, and covered with gravel or duck, and it seems to me that such a plan of roof would be a very good one for a lunatic asylum. It is simply nearly a flat roof, raised a little in the middle, covered with gravel or duck, the duck saturated with pine tar and mineral paint. The partitions should be of two-inch plank nailed at the center of the planks so as not to be affected by the shrinkage, grooved and splined and plastered solid on wire or dove-tailed lath. The area of the floor surface would be 171 square feet to each inmate.

The one-story building could be set up in sections in one line or the sides of a quadrangle, or H, or Greek cross, or star form, or any section could be separately constructed. Here is a one-story building of either brick or wood which is considered for manufacturing purposes quite fire proof, and certainly would be fire proof as far as could be seen for the insane, and which, as far as the

finishing is concerned, is perfectly adapted to the insane. The rafters showing in the ceilings in the roof is certainly no disadvantage; and the partitions, being plastered solid, is no disadvantage. This special arrangement, of course, if it is in the form of a Greek cross or sections of two is not to be recommended. The general plan that you see here is one that might be very readily available. Such a building as this could be constructed for between seventy and eighty cents a square foot, or without the various internal arrangements adapted especially to the treatment of the insane, it would cost not over \$150 per capita.

Dr. EARLE. I would propose, as we have a great deal of business on hand, and as our time is so short, that Doctor Channing let the plans lie upon the table, where they may be examined at pleasure. As the Doctor well remarked, they show the extreme of reaction from—what I was about to call the insane delusion which manifested itself in the erection of the Danvers Hospital.

I wish, at the present time, to ask the assistance of the members of the Association. It is desirable that we should have, as I do not doubt we shall have, an interesting meeting, next year, at Saratoga. Inasmuch as our closing session will be held this evening, it will become necessary to appoint, before that time, the members of the standing committees—the same committees a part of which have reported this year. I greatly desire that we shall so fill them that the right men will be in the right places. For myself, I am not sufficiently familiar with the special studies of the different superintendents to decide, in all cases, who will be the best men to appoint as chairmen of those committees. I hope that if any member of the Association knows of another member who is especially qualified for either of the committees, he will mention the name of that gentleman to me; or should there be any member who is pursuing studies in a special direction, I trust that he will not be so modest as to keep his name to himself. I am very earnest in pressing this subject upon you, and asking your assistance. The first standing committee is on the Annual Necrology of the Association; the second, on Cerebro-Spinal Physiology; third, on Cerebro-Spinal Pathology; fourth, on Therapeutics of Insanity and New Remedies; fifth, on the Bibliography of Insanity; sixth, on the Relation of Eccentric Diseases to Insanity; seventh, on Asylum Location, Construction and Sanitation; eighth, on the Medico-Legal Relations of the Insane; and ninth, on the Treatment of Insanity.

I desire, further, to seize the present moment to make a very few remarks on a subject which I think ought to be brought to the attention of the Association. Perhaps all the superintendents of hospitals, who are present, received a few months ago, letters from New York asking for the number of patients admitted to their institutions, the cause of whose insanity was alcohol. I declined to answer those which were addressed to me. Knowing that I could not give any adequate idea of the actual number, or the proportionate number of my patients—whether those now present or all who have been inmates in past time,—whose insanity was caused by intemperance, I believed that any attempt to answer the questions by statistics would do more harm than good. A few days ago the result of that inquiry was sent to me in the form of a pamphlet. Undoubtedly it was sent to other superintendents. I have not had time to read it, but have so far examined it as to learn that its author comes to the conclusion, derived from information from all sources, but chiefly from the superintendents of hospitals, that the percentage of insanity caused by intemperance is seven, or about seven. I leave it to you to form your own opinions whether that approximates, in any very considerable degree, to the actual proportionate number. I still believe that those statistics will do much more harm than good. There was not, apparently, allow me to say, sufficient care, on the part of some of the superintendents who answered the letter. As was remarked, in essence, yesterday, statistics are very delicate things, and unless made with great care they may tell great falsehoods.

At several of the hospitals the figures in the column "Number of Patients admitted," are *not* the numbers of patients admitted, but, apparently, the whole number in the house in the course of each consecutive year. Every patient received is consequently counted every year so long as he remains in the hospital. The effect of this repetition is greatly to increase the sum of what are called admissions, but are not what they profess to be. Thus, at one hospital, which, according to its annual report, admitted in the course of thirty years, 7,061 patients, the number of admissions is made, by these New York statistics, to be 20,658. The number of cases alleged to have been caused by intemperance was 1,141. The *actual* percentage so caused was $\frac{1141}{7061}$, equal to 16.15, or nearly one-sixth of the whole. But the *apparent* percentage, which is the result of the New York statistics, is only $\frac{1141}{20658}$, equal to 5.57 or but little more than one-twentieth of the whole.

At another hospital the swollen numbers of the New York statistics make the admissions, in ten years, 6,183, whereas the true number, as shown by the annual reports, was 2,451. The number of cases originating in intemperance was 100. The New York statistics make the percentage $\frac{100}{6183}$, equal to 1.61, whereas the *true* percentage is $\frac{100}{2451}$, or 4.61.

A very similar letter to the one just mentioned has been received from Missouri. A committee of some association in that State requested the same or similar statistics in regard to intemperance as a cause of insanity. I answered by first giving my correspondent the number of admissions from the opening of the Northampton Hospital to the present time, and then informing him that if he could sit down and make a shrewd Yankee guess, he could obtain figures which would be of more actual value than any ostensible facts which I could give him, especially if the committee which uses them would acknowledge that they were obtained by guess-work.

It is not necessary for me to point out the difficulties involved in this subject, or to mention the impossibility of giving to outsiders, from the statistics which we have, an idea of the extent to which intemperance is probably a factor in the production of mental disorders.

Dr. GRAY. Mr. President: I am glad that you brought this matter before the Association. I have received, in common, I suppose, with other superintendents, on an average of certainly once a week a claim, or circular of some kind, for information upon which persons desire either to write a paper, or to write a book, or to appear before some association or execute some "philanthropic purpose" for the good of mankind. As a general rule I have put them in the waste basket. To me a great many of them seem to be simply "sponges," sucking up what they can get here and there, and appearing as authors. Occasionally when I have complied, after a second or third letter telling me that I was either the only one or nearly the only one in the State who declined to give the information, and I furnished it, I have found that it was generally the case that the information was desired by the writers in order that they might appear as authors either on opium or liquor, or statistical information, or in connection with the administration of various remedies. I have even been asked for detailed information as to the number of doses of various medicines given in the hospital; the persons calling for it wanting to write a paper or appear before the public on chloral or

the bromides, etc., thus sponging all the information possible from persons of experience, they having little or none themselves, and then appearing as authors or critics on the therapeutics of these subjects. I doubt very much whether any of these circulars ought to be answered unless they come from responsible men or societies. I do not know what association in New York the President refers to as furnishing these extraordinary statistics. I have received four or five pamphlets.

Dr. EARLE. It was the Brewers' Association.

Dr. GRAY. I always send the official published reports to any one asking for them, and I answered this association after I had received additional letters from three or four prominent and responsible gentlemen, among them lawyers, etc., saying they thought a public officer ought to furnish the statistics upon any subject to reputable men, or refer them to where the statistics could be found. Afterwards I furnished the statistics as they appear in the actual reports made to the legislature. I have not received any replies in pamphlet form, but I presume if the letters of others were there my own appeared. However, I have made up my mind to ignore those things as far as possible, because I do not think that that sort of pseudo-science, or whatever it may be called, should be in the least encouraged. I think spontaneous labor on the part of men who know about the subject they are writing upon, who give what they know themselves, and compare it with what has already appeared on the subject, is the only method that authors should adopt. I believe that these "sponges," professional or other, should be dropped.

Dr. EARLE. I am very glad to have heard Dr. Gray's remarks. The object, in this case, appears to have been, as I suspected from the beginning, an attempt to sustain a trade, the support of which is the support of the cause of intemperance. The pamphlet shows that only seven per cent of the cases of insanity are caused by intemperance, and then gives the National Revenue from the production of alcoholic drinks, in such way as to lead to the inference that the nation gets abundantly paid, perhaps much overpaid, for the little detriment of the seven per cent of insanity which is caused by it.

Dr. NICHOLS. I received the same application for information upon this subject, and it was from a Brewers' Society, and I took it entirely as in the way of trade. It was made to appear that liquors, and malt liquors particularly, were not as injurious as was generally supposed. I think I received as many as three applica-

tions for the same information; certainly three. The appeal in the case was fortified by the names of additional superintendents of institutions for the insane, who, it was stated, had responded to the application for information. I treated it as Dr. Earle says he did. I did not furnish any information.

I will take the liberty of saying, while I am [up,] that I think the subject presented by Dr. Channing is one of a good deal of moment in connection with a class of people whose welfare we are met here to promote. For one I very much hope that Massachusetts will not be led into the concretion of the extreme reaction of sentiment which has taken place in regard to the cost of institutions for the insane in that State. While they have built at an unnecessary expense—I think no one will dissent from that statement,—not more so than other States have done however,—yet they are not impoverished by it, and after expending the very large amount of money for the accommodations they have for the insane, I think Massachusetts is perfectly able to properly prepare for the increase in the insane in that State, and I hope it will not be led into putting up card-board shanties that can neither be comfortable, healthy, safe nor reputable. I do not know that it will be led into that mistake; but I certainly hope it will not. I may also remark that I have been from the outset of the consideration of the very important question of providing for the criminal insane, in favor of the erection of buildings or quite separate wards, and of course quite differently constructed from those for the general class of patients, for the criminal insane, in connection with our State institutions for the insane. I am not sure that it seems to me to be necessary to have one in connection with every State institution, where there are several institutions in a State. It seems to me that is the only practicable way—and it is certainly a practical way—of meeting the question of making provision for the criminal insane and of getting them out of the wards for the ordinary insane, which seems to me to be very important. States like New York and Massachusetts can have separate institutions for the criminal insane, though it strikes me that it is hardly desirable to have entirely separate institutions even in those States.

Dr. EARLE. Not in Massachusetts.

Dr. NICHOLS. But there are a great many States that can have them, and I think that some practical plan can be suggested—I think that the plan that I now have suggested and which has been

suggested by Dr. Channing, and is in contemplation in Massachusetts, is one that any State can adopt, and whether it has six or sixty criminal insane, it can provide for them in that way and put them under the most humane and enlightened supervision at a moderate expense, and it seems to me it could be done without the slightest encroachment upon the provisions of management and privileges of the ordinary insane.

Dr. GRAY. Mr. President: I was not present when this matter was first brought up, but I think I ought to say something in connection with the remarks of Dr. Nichols. I have had some experience in having criminal insane, both convicts and what are ordinarily called criminal insane in a State institution. I am utterly opposed—looking through my experience—to any such plan as a ward or any other building for the care of the criminal insane connected with a State institution. In the first place the proximity of that class, which it is admitted should be kept away from the ordinary insane, is unpleasant, and it is difficult to have them properly cared for without, on the one hand, too much isolation, and on the other hand if they are mingled with the ordinary patients in their exercising grounds and in the work upon the farm, or taking walks in the vicinity, that immediately breaks up any separate arrangement. Besides that, it would be unjust to the criminal insane themselves to house them all together in one ward—the quiet and orderly, with the noisy, filthy, disturbed or dangerous. It throws aside at the very beginning all the ideas of classification and pleasant or injurious attrition of patients upon each other. The very purpose, therefore, of making them feel agreeable and comfortable and putting them under “humane and enlightened supervision” is thwarted. Such a ward would become merely an alms-house ward. I have been in an alms-house where they have cared for their chronic insane, all classes, the noisy and maniacal and epileptic patients with filthy paralytics and quiet and demented ones. This would be the same thing. The State of New York projected the institution, which now has its existence at Auburn, and is highly successful, a good many years ago. At that time I visited, at the request of the governor, all the prisons of the State, examined all the convicts, and made a report to him as to the number, character and crimes of the prisoners who were actually insane, and so insane as to disturb the discipline and order of the prisons. The institution was established as the result of this inquiry. When organized it first only received the insane convicts from the several prisons. However, a law was passed

subsequently, transferring from the State asylums all such criminal insane as were recommended to be transferred by the superintendents, after examination into each case by a justice of the supreme court, he having the final responsibility.

This law, however, limited the transfer to cases of "arson, murder, or attempt at murder, or highway robbery." I am glad to say that this last winter, on my recommendation, the legislative investigating committee reported and secured the passage of a more comprehensive law, similar, in essence, to the provisions that exist in England; that is, instead of restricting the cases of transfer simply to those who have committed murder, attempt at murder, arson and highway robbery, there is no designation of crime—it embraces all persons who have committed crimes; leaving it open to transfer all criminals who were dangerous or injurious to the welfare of the ordinary insane in the hospitals, following the course in England of transferring the same class of persons, from county asylums to the Criminal Asylum at Broadmoor.

Now the system has certainly acted well in England, and in the absence of Dr. MacDonald, who is the superintendent of the Criminal Asylum in New York, I think I can say that it is conceded by the State officers and the legislature, and by all those who have had an opportunity to look into the matter, that that institution is a success, and I know that it is an infinite relief to the State Lunatic Asylum at Utica, and I should be very sorry to see any movement which would tend to place the criminal insane in isolated confinement in connection with any State institution. Of course if the States are too small, as some of the New England States are said to be, I can see no objection to the erection of a central hospital for two or more States where each State could secure an opportunity of transferring their criminals from the different institutions. I do not know how the matter would work, but if there are from seventy to one hundred in the State of Massachusetts that would be half as large an institution as some members of the Association believe ever ought to be erected. But any institution which covers over fifty persons could very easily arrange a proper classification, so that those people would not be brought together in a confused heterogeneous mass, with mania, melancholia, dementia and general paresis represented, and with the filthy, orderly, the quiet and neat all put together in one ward. I think nothing could be worse than that. For myself, if I had a friend or acquaintance who was unfortunate enough to be a criminal and insane, I should prefer that he be left in prison, rather than that he should be placed under such a system as that.

Dr. CHANNING. I do not think Massachusetts will put up such buildings as those which Mr. Atkinson has suggested. I simply brought those plans here because I thought they contained some suggestions—that they were rather better than card-board houses, that they were all substantial, warm and well ventilated, etc.; and I thought they would be interesting for the Association to look at. The probability now is that we shall have a homœopathic insane hospital there. The Westboro Reform School will probably be adapted to the use of 325 insane persons under homœopathic treatment. In other ways we have perhaps retrograded in some particulars in Massachusetts in regard to provision for the insane; a bill, for instance, has been passed that all cities of over 50,000 inhabitants may erect an institution for the care and treatment of their own insane. It is *may*, and we only have two or three cities of over that, so that there will not be many erected. Our State Board of Health, Lunacy and Charity, has arranged for the transfer of the insane belonging to towns and cities, many of them back again to the alms-houses, especially if they have an insane department. The consequence is, at the present time, in several of our alms-houses we have quite a large number of insane persons under lay management. For instance at the Lowell Alms-House there is an insane department in which I think there are as many as at least fifty or sixty insane persons, and they are visited by a doctor from the city once or twice a week. There is also at Lawrence, an insane department, and at Salem one is to be erected. In the Salem Alms-House there is quite a number of insane patients and their treatment, from a recent report, I should suppose is not of the best. There are fifteen or twenty; that is as far as I know. They were probably sent to the large hospitals and have gone back there for want of accommodation.

In regard to insane criminals, having been for some time connected with Auburn Asylum, I there got some knowledge of the treatment of insane criminals; from examining also all the convicts in the State Prison and Female Reformatory in Massachusetts becoming insane, I have a little idea of the treatment of this class, both in a special institution and in a general insane hospital. I have seen myself that when the insane convicts are treated with the other insane, in a general insane hospital or in a separate ward, they are a constant source of great embarrassment. At Worcester, where the number is very large, and where wards were supposed to have been built especially for this class, they can not practically be treated together in one ward—there are so many

varieties of insanity among such a large number of insane convicts. I think it is the testimony of all the Massachusetts superintendents that this class is a source of great difficulty. In the State Prisons in Massachusetts there are a number of insane convicts who remain there because there is no place to send them. We do not feel like requiring the hospital superintendents to take them. They are often desperate men, and where we know a case is a homicidal one, we do not feel like recommending him to be transferred, although I think it may be the best way to get proper provision by so sending them. They are a source of trouble to the warden of the State Prison; he has to keep them closely confined, and they do not get the employment that they need. Then when they come to the hospital they make trouble again, and it seems only right to keep them shut up more closely confined than the other patients. The picture is different at Auburn, as I have said, where the insane convict or criminal is treated very much like any other insane man, except that he is a little more closely confined. He has a great many privileges and enjoys a larger degree of freedom and receives better treatment in every way than it is possible to give him in Massachusetts. Many of the insane convicts in the lunatic asylums are men who are depraved and vicious, and can not be allowed to associate with the other patients without the greatest injustice, and where one sees both sides of the picture as much as I have—having been interested in the subject, and seeing a number of insane criminals every year, one is very much impressed with the advantages of a separate institution for insane criminals.

Dr. EARLE. Dr. Nichols suggested, as a palliative, at least, for the mistake made by Massachusetts in the erection of so expensive a hospital as that at Danvers, that Massachusetts was not impoverished by it. Of course she was not. If she had expended ten millions upon it she would not have been. But that does not relieve the taxpayers of the State from the effect of the burden of to-day, which is, that they are paying ninety thousand dollars interest, annually, on the cost of that establishment. Aside, therefore, from the actual necessary current cost of support of its inmates, there is this additional ninety thousand dollars a year to be considered as a part of their expense to the State. The hospital was intended for 450 patients. The commissioners and the physician who advised them, always maintained that it never ought to contain more than that number.

Provided, therefore, that the number of patients had been limited to 450, the actual cost, to the taxpayers of Massachusetts, of the insane paupers,—and I suppose considerably over three-fourths of the inmates of Danvers are paupers, are they not Dr. Channing?—

Dr. CHANNING. I should think so.

Dr. EARLE—would be about eight dollars each, per week. Instead of having 450 patients, it has almost 750. When I last heard, it had 730. The hospital never paid its running expenses until the last official year, when the average number of inmates was nearly 700.

In regard to the plans which have been shown by Dr. Channing, and the remarks upon them by Dr. Nichols, I may say that the gentlemen may rest assured that Massachusetts is not going to commit itself to any unwise experiment. That State will never, unless a great change takes place, house its insane in buildings where their physical comforts will not be sufficiently administered to. As an evidence, take our asylum for the chronic insane, at Worcester. A member of the State Board of Health, Lunacy and Charity, within the last year has said to me, "It is the best hospital in the State,"—meaning, as I inferred from the previous conversation, the most comfortable and homelike.

Dr. NICHOLS. Better than that at Northampton?

Dr. EARLE. ——— I quote from a member of the State Board of Health, Lunacy and Charity.

The whole subject is in the hands of a body of men who will never see their fellow-men improperly treated,—a body of men and women, for women are now beginning to form an important factor in the administration of the charities of Massachusetts.

Dr. SCHULTZ. Mr. President: With reference to the remarks of Dr. Nichols, I wish to say something. Dr. Nichols did not elaborate his remarks, and I do not know fully what his ideas are in regard to the association of these two classes of people, the ordinary insane and the insane convicts; whether he believes they ought to be in the same building or in the same town, or on the same farm, but for my part I should object to having them on the same farm. We have 260 acres at Danville, and have only 400 patients, and yet can not find room enough for suitable exercising grounds; for they are mostly unskilled laborers and they require plenty of elbow room. On that account we go out for exercise into the lanes and roads of the neighborhood, and the consequence is that we are blamed for trespassing, justly perhaps. Now, if

we had insane convicts, classified and known as such, we should be restricted still further, as they could not come in contact with each other out of the buildings and away from them, any more than in the halls or amusement room or chapel.

When the Danville Hospital was erected, the attempt was made to have a part of the building appropriated for the insane convicts of the State, but while deliberations on the matter were in progress an article appeared in one of the medical journals of this city, by one whose ability to speak with authority none of us would for a moment question. He maintained, with much emphasis and philosophy I think, that it required one kind of mental organization, habit of thought and moral disposition to take care of the criminal class, and a totally different one to take care successfully of the ordinary insane, and that the two classes could not be suitably cared for under one management.

When some years later the buildings had to be in part re-erected, the same questions arose once more. After a somewhat full conference at the hospital, by a legislative Committee, the Board of State Charities and the Trustees and officers of the hospital, the conclusion was arrived at and acted upon that it was inexpedient to take care of the insane convicts in the building. I hardly know whether I am more surprised or more pained to hear a statement made in this meeting, that these two classes of patients should be taken care of together. I think the position of this Association ought to be, decidedly, that it is utterly wrong to treat them together, and it is to be tolerated then only as the lesser of two evils.

Dr. NICHOLS. I think, Mr. President, that both Dr. Channing and Dr. Schultz misunderstand me to some extent. I do not think there is any member of the Association that is more impressed with the importance of separating the criminal insane from the general insane than I am. When I was an assistant physician at Utica, the criminal insane were sent to that institution, and I am unable to portray the evils that attended their association with the other insane. I think Dr. Channing did not quite appreciate my sense of the necessity of separating them. I have no idea whatever, if they are treated in connection with the ordinary insane, under the same organization, of their coming in contact with them, and I should be as strongly opposed to it as any other member of the Association, I think. But I can not see, if there is a farm connected with the institution of 260 acres, why 60 acres of that farm can not be taken, walled in, and buildings

for the accommodation of the criminal insane be erected, and the criminal insane be treated there as well as they are at Auburn. I perhaps was unfortunate in using the word "ward," though I also used the word "building." I have not the slightest idea of putting all the criminal insane in wards with the other insane, much less of putting all in a single ward, which might be implied. If there was a building admitting of a classification of three classes, it would be more than we see in a great many of the insane hospitals. How many insane are there in our alms-houses and other institutions that do not have such classification as that? It is from my sense, Mr. President, of the presence of the crying evil of associating the criminal insane with the general insane, and of the necessity of dis-associating them, that I am in favor of adopting a plan that is feasible, and it is not from any disposition towards any retrograde movement in the care of the insane.

Dr. CHANNING. It seems to me that a separate building might be put up and serve a good purpose upon the grounds of an existing hospital, and on the score of expediency it might be the best plan, but I think the best ideal plan is an institution for the criminal insane absolutely and wholly separate, where there is no possibility of association or of any possible demoralization in the environment of that class. I think the insane criminals themselves could have more liberty and more perfect treatment by themselves, on a good sized farm which they could work to a greater advantage, than in proximity to an ordinary institution. I think if they were so near together the tendency would be to curtail the privileges of each class to some extent.

Dr. NICHOLS. Provided it is necessary to have a farm, would you not consider it necessary to have that surrounded by a wall?

Dr. CHANNING. I think not, sir, if there is no other branch of the insane hospital near by.

Dr. NICHOLS. I should think the patients would be more likely to escape.

Dr. CHANNING. Always in an insane hospital there will be a percentage that will escape, and special provision should be made in a hospital for insane criminals for that class. They should not be allowed too many privileges. They should be more closely guarded, and should sleep in strongly built rooms and be allowed only in a walled inclosure. But as you know, Dr. MacDonald, superintendent of the asylum at Auburn, allows a great many of his patients to go out into the neighborhood and do work for

farmers, and he also permits them to work in the fields near by the asylum. Even among the criminal insane, there will be a large percentage, who, under supervision, can go out without the necessity of having any walls to prevent them from escaping. It would be a great expense, I think, and there probably is only a small percentage that is liable to escape.

Dr. GRAY. Dr. Channing, whether this separate institution was on a farm, connected with a hospital, or was in any other place, it would have to have its own medical officers?

Dr. CHANNING. Certainly, that would be the only proper way.

Dr. EARLE. It is necessary, in justice to myself, that I should make an explanation in regard to the subject which has been under discussion. While Dr. Gray had the floor, I expressed the opinion that it is not desirable, in Massachusetts, to have a separate criminal asylum. It is not because I do not think that such treatment is best. My remarks were based upon the fact that the number of patients in Massachusetts, who, in my opinion, ought to be domiciled in such an institution, is too small at present to justify the construction of an independent establishment for their accommodation. Could such a thing be effected, I would hail the day upon which it might be decided that the States of New England should unite in the erection of a joint asylum for the criminal insane. Dr. Gray alluded to the number of the criminal insane in Massachusetts. Three-quarters of them, roughly speaking, are criminal only in the very lowest degree, and no worse than many of the patients by whom they are surrounded in the present hospitals. An insane man, happening to get drunk, is taken up in the streets, sent to the jail, and thence to the House of Correction. He is brought from that institution to ours or one of the other State hospitals, and in two or three months the term of his sentence expires. Shall all these cases be confined in a separate institution with other convicts? If those, why not a large proportion of other pauper insane in the institutions who are really as objectionable as these petty criminals themselves? I do not wish to prolong the discussion, but I thought it right to prevent myself from being misunderstood.

Dr. GRAY. I would say that the class of persons mentioned by Dr. Earle, are not recognized in New York as insane criminals. They are simply persons found to be dangerous to be at large, and are not subject to transfer to the institution for insane criminals.

Dr. EARLE. In our State they are all called criminal insane, and the fact that so large a proportion of them were arrested for merely petty offences is perhaps one of the chief reasons why Massachusetts has not done something toward making separate provision for them. The numbers of the really criminal insane, that is, those convicted of felony, and those who have committed homicide or other capital crimes, but have not been put upon trial, are very few.

The PRESIDENT. The discussion on Dr. Schultz's paper is now in order.

No one rising to discuss the paper of Dr. Schultz, the Association listened to a paper by Dr. Theodore W. Fisher, on Tumor in the Brain.

The next paper read was by Dr. John B. Chapin, on Mental Capabilities in Certain Stages of Typhoid Fever.

Dr. GRAY. If in order, Mr. President, at this time, I should like to bring a matter to the attention of the Association. Some members, among them Dr. A. E. Macdonald, of New York, have suggested the possibility of their going to the International Congress at Copenhagen. I should like to make the motion that any members intending to go could call upon the Secretary to certify them, that they may receive a certificate of representation to that body.

The motion was carried.

At 1 P. M., on the motion of Dr. Curwen, the Association took a recess until 8 P. M.

The afternoon was spent in visiting the Male department of the Pennsylvania Hospital for Insane.

The Association was called to order at 8 P. M., by the President, Dr. Earle.

Dr. CHAPIN. If it is in order I would like to submit a resolution which I will read.

Resolved, That assistant physicians of State and incorporated hospitals and asylums for the insane, who have been continuously in service for a period of five years, are hereby constituted

members of this Association during their official connection with the respective institutions.

Mr. President, I do not rise for the purpose of asking any action upon this resolution at this time, or submitting to the Association any reasons why I think such a resolution should be adopted, but I move that it be referred to a committee to consist of the President, Vice-President and the Secretary of the Association to report at the next meeting. Of course it involves some modification of the organization of the Association, and it is very proper that some time should be taken for the consideration of such a proposition. I would offer the resolution and offer that motion.

The motion was carried.

The Secretary then read a telegram from Dr. MacDonald, regretting his inability to attend.

The Secretary read the appointments of Standing Committees for next year:

1. On the Annual Necrology of the Association: Dr. Eugene Grissom, of North Carolina; Dr. A. B. Richardson, of Ohio; Dr. Edward Cowles, of Massachusetts.

2. On Cerebro-Spinal Physiology: Dr. J. Strong, of Ohio; Dr. Theodore W. Fisher, of Massachusetts; Dr. J. Z. Gerhard, of Pennsylvania.

3. On Cerebro-Spinal Pathology: Dr. Richard Gundry, of Maryland; Dr. O. H. Hughes, of Missouri; Dr. H. Wardner, of Illinois.

4. On Therapeutics of Insanity and New Remedies: Dr. J. B. Andrews, of New York; Dr. H. M. Hurd, of Michigan; Dr. A. N. Denton, of Texas.

5. On Bibliography of Insanity: Dr. W. Channing, of Massachusetts; Dr. H. P. Stearns, of Connecticut; Dr. P. L. Murphy, of North Carolina.

6. On Relation of Eccentric Diseases to Insanity: Dr. J. H. Callender, of Tennessee; Dr. D. Clark, of Ontario; Dr. S. S. Schultz, of Pennsylvania.

7. On Asylum Location, Construction and Sanitation: Dr. Jos. Rogers, of Indiana; Dr. J. T. Steeves, of New Brunswick; Dr. G. C. Palmer, of Michigan.

8. On Medico-Legal Relations of the Insane: Dr. John P. Gray, of New York; Dr. P. Bryce, of Alabama; Dr. G. C. Catlett, of Missouri.

9. On the Treatment of Insanity: Dr. H. F. Carriel, of Illinois; Dr. D. R. Burrell, of New York; Dr. A. M. Shew, of Connecticut.

The PRESIDENT. Dr. Bucke was to read a paper this evening but he will not be here, and there is no further business aside from the closing resolutions.

Dr. CALLENDER. I present the report of the Committee on Resolutions: Your committee have instructed me to report as follows:

The Association of Medical Superintendents of American Institutions for the Insane, about to terminate its meeting in this city, in which it was organized forty years ago, and in which it has held seven of its annual meetings, in offering the customary resolutions of the occasion, is inspired by mingled emotions.

The selection of Philadelphia for this meeting was mainly induced by the hope of the presence, at its deliberations, of one of its venerable and eminent founders, whose weight of years and declining strength was known to the membership—the late Thomas S. Kirkbride, M. D. The inscrutable wisdom of Providence has frustrated that hope. His face was not among us, but the memory of his abilities and his rare virtue was left to us to honor, and will be green as long as the Association shall survive. This meeting has been graced, however, by the presence of another of the links yet connecting this body to the day of its foundation, in the person of our distinguished President, Dr. Pliny Earle, the contemporary and colleague, of Dr. Kirkbride, and the Association congratulates itself upon the fact, and cordially wishes him length of years and usefulness.

The Association records with pleasure, that the authorities of public institutions of this city, with which our work is affiliated, and the resident members of the medical profession, have greeted it with their accustomed liberal hospitality, and the observation of our visit is that Philadelphia—the pioneer in this country of humane endeavor in behalf of the insane—is yet abreast of the current of progress in general philanthropy guided by medical science.

To the Board of Managers of the Pennsylvania Hospital for the Insane, and to Dr. S. Preston Jones, for many years in immediate

superintendency of the Male Department of that renowned institution, we are indebted for the privilege of visiting the wards of that department, and for their courteous attention.

To the Managers of the Friends' Asylum at Frankford, and Dr. John C. Hall, the superintendent, we are indebted for an agreeable afternoon in the inspection of the appointments of that institution—a model of neatness and comfort, and an honor to the specialty.

The Association expresses its high appreciation of the invitation to meet the Medical Society of the State of Pennsylvania in its annual session, and the opportunity afforded to mingle with its members, and of attending the reception held by its eminent president, Henry H. Smith, M. D., of this city, in the rooms of the Philadelphia Academy of Art.

The thanks of the Association are returned to the Guardians of the poor of the city of Philadelphia, for an invitation to visit the Insane Department of the Alms-House, to the Managers of the House of Correction, to visit that institution, and also to the Directors of the School for Imbecile Children at Elwin, Pennsylvania, and its regrets are expressed that the limited period of the session, and the immediate business of the body rendered it impossible to avail itself of their kindness.

The reporters of the city press, in attendance upon the sessions of the Association, have laid it under obligations for their reports of the minutes of its proceedings, and Messrs. Kingsley & Co., of the Continental Hotel, have its thanks for the quiet and commodious parlor furnished for its use, and for their attention and courtesy to its members as their guests.

Dr. NICHOLS. I move, Mr. President, that these resolutions be accepted and approved and go upon the record.

The motion was adopted.

A motion was then made to adjourn until next year.

Dr. NICHOLS. I would like to make a motion before that is put, Mr. President, if the mover of it will give way. I would say that the resolutions just passed contain an admirable notice of our late associate, Dr. Kirkbride, although it is brief. The reception and adoption of these resolutions is a *fait accompli*, and are a part of the concluding proceedings, and I suggest that a copy of so much of these resolutions as relates to Dr. Kirkbride be sent to Mrs. Kirkbride.

The motion was carried.

Dr. EARLE. A motion has been made to adjourn until next year. Before a vote is taken, I wish to express to the members of the Association the very great pleasure it has given me to meet you all. I have very much enjoyed the meeting. Wishing you a safe return to your homes, and that we may all live to meet in Saratoga next year, I now put the motion to a vote.

The Association then, on motion of Dr. Curwen, adjourned, to meet in Saratoga, on the third Tuesday of June, 1885, at 10 A. M.

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BIBLIOGRAPHICAL.

BOOK NOTICES.

Insanity Considered in its Medico-Legal Relations. By T. R. BUCKHAM, A. M., M. D. Philadelphia: J. B. Lippincott, & Co., 1883.

We recognize this book as an attempt to deal with this subject in such a manner as to make it of utility not only to courts and lawyers, but to the public in general. The author avows his purpose to get rid of the judicial cobwebs that have been spun from time to time to serve as "legal tests of insanity," and to show, from his view of the nature of the disease that the question must always be one which only "experts" can determine in each case by their knowledge of pathological facts.

In his introductory chapter he gives abundant illustration of the uncertainty of verdicts in insanity trials, arising from contradictory rulings of the courts on legal tests and the limits of responsibility, the improper use of the term "expert," and the confused definitions of insanity offered. He criticises Dr. Taylor's definition that it is a "state of disordered mind in which a person loses the power of regulating his actions and conduct according to the ordinary rules of society," by saying that "no departure from *ordinary rules of society*, no unreasonableness of belief, nor extravagance in conduct or behavior, is alone conclusive evidence of insanity." We can but think the illustrations he cites to justify this statement are rather unfortunate. Certainly the "doctrine of transubstantiation" or the self flagellations of certain religious orders, do not come under this head. It was a lunatic, (bent on killing his wife) that

once argued with Dr. Brigham that he ought to shut up three-quarters of the community for believing in the doctrine of resurrection, which, he maintained, was as "contrary to reason, contrary to experience, and contrary to good sound common sense," as his own belief (delusion) that he was invulnerable, and was going to live forever in this world. And yet any person of ordinary observation would readily detect that this man was insane. We should not construe Dr. Taylor's definition to mean the "ordinary rules of society" in other ages or countries than that of the patient, or circumstances other than his accustomed and natural surroundings. Of course all these "definitions" of insanity are descriptive rather than logical, and have reference to its effects on the individual rather than its nature as disease; thus, to expand Dr. Taylor's ethical definition, we might say it is "that disordered state of mind in which a person suffers the loss of reason as to his own character, conduct or circumstances, and the ability to control himself accordingly, or the loss of what is called common sense as to the character, conduct and circumstances of those around him," and as such it is a profound *departure* from his own normal state. Hence the exceeding fitness of the word *alienism* as used in the literature of this subject.

It is manifest that any definition of insanity depends in some degree on the view taken of the mind and its relations to the body, and the various theories are reflected more or less in the views taken by writers of the nature of insanity. Dr. Buckham brings forward the "Somatic or Materialistic," the "Psychical or Metaphysical," and the "Intermediate," or, as called by some, "Psycho-Somatic." The theory adopted by the author is, as he chooses to express it, the "Physical Media," to which he devotes his second chapter.

In his third chapter, Dr. Buckham disposes of the "Somatic" or materialistic theory, by showing that it necessitates the absolute denial of any such thing as independent will, or moral responsibility, or spontaneity in human character. Even if it were granted that cerebral changes always *accompany* mental manifestations, that fact does not contribute an atom of proof that there *is nothing but* cerebral change, nor even would it be conclusive as to whether such change were either a cause or an effect. The questions of evolution and heredity which come in here are not as yet scientifically settled, but with a partial integration of facts, is mixed up a vast amount of hypothesis and speculation, such as those in relation to spontaneous generation, and the actual transmutation of species, which one is almost tempted to classify with a doctrine of metempsychosis. Even Professor Huxley, who writes like a man that has "theology" *on the brain* and calls his essays on science "*Lay Sermons*," says, with his characteristic allusion to Biblical phraseology, that "the man of science has learned to believe in justification, not by faith, but by verification." It would be only to spoil the neatness of this aphorism to accept gratuitously, either the physical basis of life as identical with the origin of life, or the physical functions of the brain as the only origin of mind. Nobody has ever yet observed the physical process of thinking; and Professor Tyndall declares that "the passage from the physics of the brain to the corresponding facts of consciousness is unthinkable." We have not even the poor comfort of applying to this subject the conjectural reasons given for the actual great differences in really isomeric bodies. Definitions of insanity founded on this theory would be disastrous to medico-legal jurisprudence; the only grounds for dealing with what we call criminals would be the same as

for destroying noxious insects and reptiles; in fact, the very maintenance of human and charitable institutions would be of questionable advantage to society.

The "psychical" or metaphysical theory the author disposes of at the same time he sets forth his own "physical media" theory. If by the psychical theory is meant that the mind as an entity is capable of insanity, independently of the bodily organs, we apprehend that very few are left who would advocate such a theory as this. Possibly some of those who hold to what they call "moral insanity" may explain their position on such grounds. We may not undertake to decide whether a spiritual entity may in the transcendental state of existence be affected by a lesion which is the analogue of a physical lesion, but it is obvious that such a question belongs to the sphere of metaphysical philosophy or theology; and has no bearing upon the science of medicine or disease. Professor Ferrier's statement embodies what is now generally admitted, "that when mental aberrations, of whatever nature are manifested, the brain is diseased organically or functionally." "Disease has been established in that organ by *means of which* alone it is possible for the mind to control and govern bodily actions and tendencies," and here we may add, as against the extravagant views of heredity, it is possible for the mind to control and govern bodily actions and *tendencies*, even to the extent of warding off brain disease.

Dr. Buckham's account of his own "Physical Media Theory," briefly stated, sets forth that the mind, as an incorporeal entity, is dependent on the body, not for its existence, but for the manifestation of its operations. The mind, as associated with bodily organs through which it acts, is the only thing of which human law can take cognizance. As a consequence, since there is

no evidence that the mind itself can be diseased, if the "physical media" or organs become disordered so as to pervert, or prevent, or dominate the mental action, there is insanity and irresponsibility.

This theory supposes it to be impossible that the mind should be affected *per se*. The author says that it is preposterous to imagine that a diseased incorporeal entity would be cured by medical remedies; but this, perhaps, is taking us a little out of our depth. The argument needs not to be pressed in that fashion. We are on safe ground when we stick to the definition of *disease*, which the author gives from Dr. Johnson, as "that which causes destruction by disintegration of the elements of its contexture, or the resolution of its parts." This certainly confines us to the material organs.

We do not know that it is necessary to follow this line any further. The author admits that if his work were intended for physicians only, such exhaustive treatment would hardly be necessary. But we must say that his theory can hardly claim to be called an entirely new one. The physical basis of insanity is a generally accepted doctrine; and the researches by microscopy and micro-photography have wonderfully confirmed the theory held by many before. We suppose that the author is correct in saying that "there is not an Alienist in the United States who believes that insanity is a disease of the mind" (in itself).

As founded upon his theory, Dr. Buckham gives the following definition of insanity: "A diseased or disordered condition, or malformation of the physical organs through which the mind receives impressions, or manifests its operations, by which the will and judgment are impaired and the conduct rendered irrational," to which he appends the corollary: "Insanity being

the result of physical disease, it is a *matter of fact* to be determined by medical experts, not a matter of law, to be decided by legal tests and maxims."

We shall probably have to confess that for a definition which really bounds or limits the whole subject, the profession has still to wait. Mental unsoundness arises from unsoundness in the bodily organs; but what is the specific nature of that unsoundness in the body which issues in insanity alone? Of course we can give descriptive definitions of insanity without knowing the answer to that question.

So far then, perhaps, all is very well. But when we come to the fourth chapter, in which the "Intermediate theory" of Wharton and Stillé is discussed, we confess there seems to be confusion of ideas in the reasoning, not to say, what the author seems to be partly conscious of, a little of the hypercritical spirit. Those able authorities are not so easily to be written down. When these writers say that their view "attributes to the body and soul alike, (or both,) originative influence in the growth of mental diseases," we do not understand it to imply, as Dr. Buckham insists, that the incorporeal entity of the mind itself may suffer lesion or be diseased, any more than we understand Dr. Bucknill or other authorities to so imply, when they use such expressions as "mental disease" or even "intellectual lesion." These terms are generally understood to be conventional merely, and imply only some derangement of the nervous system which has disordered mental action, "amenable" as Dr. Maudsley says, "to the same method of investigation as other nervous diseases." Otherwise, insanity would not be strictly a medical study. The "intermediate theory" is not a combination of the psychical and somatic theories; but it simply recognizes the agency of both mind and body in the

production or *causation* of insanity. The disease as such is physical, but body and mind act and react upon each other, and if the body may not affect the substance of the mind *per se, non constat*, as the lawyers say, but that the state of the mind may work to bring about disintegration and disease in the organs of the body. This is enough to justify the statement which "attributes to the body and soul alike originative influence in the growth of mental diseases." Much less does this view "approach the somatic view very closely" as Dr. Buckingham intimates; since it does not make the mind dependent on the body for its existence, but only for its organic manifestations, which is equally true of the author's "physical media" theory. We do not allow the objection of inconsistency to the two propositions of Wharton and Stillé, that "the mental and moral functions are the immediate products of an independent sphere of organism, and not to be explained by anything lying outside of that sphere. The brain and the nerves have only the physical part of perception and motion, and to some extent the regulation of the functions to perform; but the soul can not but be considered as distinct from this activity of the nerves." The words "of organism" might, perhaps, have been omitted, because we know of no "organism" but the physical; but it certainly is not in the interest of any but a materialist to controvert these propositions. Neither does the intermediate theory conflict with the ordinary conception of therapeutics, as the administration of a "material remedy" for a physical disease. When the disease has been set up, whether from physical or moral causes or both, the treatment is medical; but it would be "somatism" intensified to maintain that there is no treatment for any case of insanity, but only the administration of some "material remedy" found in the

pharmacopeia. We fear that Dr. Buckham's "physical media" theory lays itself liable to this absurdity, thus capable of being perverted in some hands into a mere rejuvenescence of the "somatic or materialistic" theory. If this be not the case, then our only conclusion can be that Dr. Buckham has in this chapter labored very industriously to establish a distinction without a difference, very much such as would be the holding that *mania-a-potu* is an organic disease, but that a man is responsible for acts committed under it, because he voluntarily brought it upon himself.

In his final, and by much the longest chapter, Dr. Buckham accepts the definition of what constitutes an "expert" in the proper sense of the word, as given by Wharton and Stillé as implying not a general, but an *exact* knowledge of a special subject. Experts in insanity should have sufficient acquaintance with law to determine the responsibility which is to be the object of the contested capacity; with psychology to distinguish the character of mental operations; and with medicine, of course; but he does not agree with them in their views of determining the question of responsibility. They seem to think there is no remedy for the present uncertain legal tests of insanity, or for the conflicting testimony of experts, but to leave to the courts the duty of weighing the evidence, and instructing juries accordingly. Dr. Buckham argues ingeniously for some system by which the number of experts may be limited to a class who shall have a quasi official character, who shall receive no compensation for their evidence, and whose statement of the fact of sanity or insanity shall go to the jury without the discolouration of any "legal tests" set up by lawyers. Prisoners setting up this defence should at once be remanded to a hospital, for the test and personal examination of

experts, whose decision should be final. It is not the court or jury, but the *Law* that determines the question of responsibility when the facts are once proved. He believes the American Medical Association, and the Association of Medical Superintendents furnish a sufficient guaranty and standard of uniformity as to vexed questions most subject to disagreement, and as an instance of this, he cites the papers read and the conclusions reached by the latter Association on several subjects: one by Dr. Patterson on the question of recognizing "Moral Insanity;" one by Dr. Gray on the "Relations of Spiritualism to Medical Jurisprudence;" and one by the author "On Medical Testimony," with special reference to cases of insanity against general practitioners being called as experts, in all which practical unanimity was obtained. There is certainly great force in Dr. Buckham's views as elaborated in this chapter, almost to the point of tediousness, though justified by the apathy or ignorance of the public toward this most important subject.

The tendency of courts has been to retain the definitions of a past age as well as their "legal tests," even while admitting that they are imperfect and unsatisfactory. This is quite as prominent in England, at this time, as in this country. Law in this department has barely kept pace with medical progress.

In the very able lecture of Dr. Bucknill on the "Relation of Madness to Crime," delivered before the London Institution, February 28th, 1884, which was published in the *British Medical Journal*, this point is quite exhaustively discussed. The utterances of Lord Coleridge, Lord Blackburn, and Mr. Justice Stephen, which he quotes, show very conclusively not only how unsatisfactory the law is, but how extremely difficult it is to formulate expressions to make the law

what they believe it ought to be. It was considered a great step forward when Chief Justice Cockburn added to the old formula of a "knowledge of right and wrong," the possession of the "power of self-control accordingly."

It will be generally conceded that in the interests of justice and of good order in society some legislation is desirable in regard to the manner in which the State shall avail itself of the aid of expert knowledge in determining questions of insanity and irresponsibility, especially where human life is at stake, and all efforts which tend to throw light upon the subject must be heartily welcomed.

Dr. Buckham has added an appendix to his work which embodies a digest of many very curious decisions of the courts and judges, interesting to both the legal and the medical profession.

REVIEW OF AMERICAN ASYLUM REPORTS, 1882-83.

KENTUCKY:

Annual Report of the Eastern Kentucky Lunatic Asylum, Lexington, Ky. Dr. R. C. CHENAULT.

There were 619 patients in the Asylum at the beginning of the year, October 1st, 1882. There were 176 admitted within the year. Whole number under treatment, 795. Recovered, 61. Died, 48. Whole number discharged, 152. Daily average, 636.24. Per cent recovered on admission, 34. Per cent died, 6. Total cash disbursements for the year, \$118,190.34. The allowance per cap. for the maintenance of insane patients in Kentucky hospitals, has been, since 1880, at the rate of \$165, a year. Against this low rate Dr.

Chenault protests; and asks that the former allowance of \$200 a year be reinstated by statutory enactment. He also recommends provision for the chronic insane by the construction of detached wards or cottages, to be under the control of the present hospital authorities.

This report is somewhat anomalous, in constitution. It is made up of a brief introduction by the Board of Trustees—an essay on the subject of “non restraint,” in the shape of a letter to the Board, from Dr. W. O. Bullock, late superintendent, the statistical matter compiled from the records of the hospital, and a supplemental report by Dr. Chenault, consisting of an essay on hospital management, vindicating of his former administration when superintendent, and antagonistic to the extreme views of Dr. Bullock on the subject of restraints.

The Lexington Asylum is one of the older asylums in the United States, and the oldest west of the Alleghanies. Under the superintendency of Dr. Chipley, (1850–1868,) it was developed into a State hospital of the first-class, and enjoyed an enviable reputation. Since the removal of Dr. Chipley for political reasons, it has suffered, in common with other State institutions of its class, by being subject to the domination of political partisans, having had no less than five different superintendents, and seven changes of administration within fifteen years. That some, or all, of these five superintendents, were men of professional and executive ability, does not affect the general proposition that the institution has suffered from such instability of government, by a certain deterioration of reputation, and loss of public confidence, if not otherwise.

This is an evil, however, for which there is no certain remedy, except the entire separation from any system of political spoils.

Dr. Bullock's dissertation on "non-restraint," is a fair specimen of current literature on this subject, illustrated by the clinical history of several typical cases of lunatics who had been regarded as dangerous—long restrained—finally tamed and released from restraint in the hospital. The Doctor's description of the transition from "restraint" to "non-restraint" under his direction, is best given in his own words. After due deliberation, considering the fact that "we are of the same blood, have similar constitutions, and are subject to the same diseases" (as the British,) and therefore, may "aspire to the same humane plan of treatment," he says, "after a thorough investigation of all obtainable writings bearing on it (non-restraint) coupled with an earnest desire to succeed, the key to the problem was found. So simple and so effective, the wonder is that it is not universally applied." "It may be summarized (the key) in a few words. More sane with insane, to sooth and quiet by their presence and moral influence. More freedom and latitude of action. Light but regular employment. A crusade against starvation, and heralding the "gospel of fat."

Having discovered this "key" the Doctor proceeded to unlock the mystery of "non-restraint" in asylum management by the following motions, described by himself.

"The number of attendants was increased. Male patients were invited and urged to go out. First a few as a trained nucleus, to which, by degrees, others were added, until at last over one hundred and fifty might be found digging in the garden, mending roads, sweeping leaves from the ground, or otherwise engaged about the premises. The sewing room afforded occupation for a number of females, but not enough were willing or able to go there. Sewing,

knitting and light work was carried to their wards, and every persuasion was used to get them to employ themselves. The result was self-asserting, came speedily, and was gratifying beyond expectation." One must ask: What must have been the condition of this Kentucky Asylum before this reformation was introduced? Was indoor idleness and starvation the normal condition of the insane in the asylums of Kentucky, and elsewhere, so far as Dr. Bullock's acquaintance extended? Certainly this would seem extraordinary language to any one familiar with hospital management and the hospital literature of this country. His reasons for condemning mechanical restraint are aphorismal and monumental. They are thus formulated:

"The very means for recovery have been interfered with. The muscular movements called the pulse of insanity, have been ligated. The wires for discharging the excess of nervous energy have been interrupted, and nature's mode of cure arrested."

Dr. Chenault, in his "supplementary report," alluding to Dr. Bullock's dissertation says: "I have not desired to discuss the statements made in said paper, as a public document is not the proper place for such discussion, yet I desire to call attention to a few facts and figures which he has in his statement or in connection therewith, neglected to give."

Among other "facts and figures" alluded to, the following seem to be quite pertinent.

"By reference to the reports of the asylum from 1875 to 1880, inclusive," says Dr. Chenault, "you will find the following showing, viz.:

From the 30th day of September, 1875, to October 1, 1880, including the whole term, less two months, after I first assumed the duties of superintendent, and five months after my resignation,

a period of five years, the average per cent of recoveries on admissions was thirty-eight (38). The percentage of deaths on the whole number treated was four and ninety-one hundredths (4.91). When the use of mechanical restraints was resorted to, solely upon the approval of one of the physicians, and during the five years of my superintendency, there was not a homicide occurred in this institution.

By reference to reports commencing October 1, 1880, and closing September 30, 1883, (a period of three years.) Since the inauguration of a system of non-restraints (it will be found that) the percentage of recoveries on admissions was thirty-three and nine-one-hundredths, (33.09), the percentage of deaths on the whole number treated, was five and ninety-one hundredths, (5.91); and I am reliably informed that * * * three homicides occurred, one from the entire removal of restraints, and two from the fact that restraint was injudiciously neglected."

The Doctor, very wisely, does not claim that this showing proves superiority of mechanical restraining over an intelligent practice, in which other methods are adopted, but pricks the bubble of Dr. Bullock's pretended reform very effectually thereby. There may have been other factors entering into the problem of success than that of restraint by mechanical device, and probably was; but success is the best evidence of good management, when all factors are clearly comprehended, and justly valued.

Annual Report of the Central Kentucky Lunatic Asylum, Anchorage, Ky. Dr. R. H. GALE.

There were in the Asylum, at beginning of year, 553 patients. Admitted, 174. Discharged recovered, 105. Died, 63. Improved, unimproved and escaped, 6.

The Commissioners, (of whom there are nine,) speak of "expensive changes and alterations forced upon them"—and the superintendent urgently recommends additional improvements. This is one of the newer western State asylums. It was constructed for other

than asylum purposes originally, and has been undergoing changes and enlargement, ever since its conversion into an asylum for the insane.

The most noticeable feature of this report is the claim that over sixty per cent of the whole number admitted within the year was discharged "recovered." This is not remarkable, because improbable, as the result of one year's work; but because of the unenviable notoriety this asylum had acquired under the superintendency of Dr. Gale, because of alleged looseness of professional administration, and the excessive use of mechanical and other restraints, by irresponsible parties, attendants and others. If true, the result stands in marked contrast with the reported results of the same year's work at Lexington, (Eastern Kentucky Asylum) where all mechanical restraint had been boastfully abolished, as inhuman, unscientific, and injurious to patients,—the per cent of recoveries on admissions in that asylum being for the same period, as reported, less than 35. It will not do to draw inferences from such statistics, however. There are so many sources of error of which the superficial observer has no knowledge, and the work of one year is so limited, and possibly exceptional, that great caution need be exercised in any endeavor to derive valuable information from such reports, however carefully prepared, and free from sophistication.

Since this report was published, the resignation, and subsequent death of Dr. Gale have been announced, and in justice to his memory it is with pleasure that we append the following paragraph which closes the commissioners' report, made and published before his resignation. The commissioners say :

While we are not unmindful of unfriendly criticisms of the administration of the superintendent, coming from prejudiced or uninformed sources, we, after full acquaintance with all the facts

which rigid scrutiny and watchfulness can disclose, are free to say that his management meets with our hearty approval. Kind-hearted, generous, watchful, industrious, resourceful, just, honest and capable, we know not how the place could be better filled.

It is not probable that these nine men were all incompetent, or wholly deceived observers of Dr. Gale's character and conduct.

Annual Report of the Western Kentucky Lunatic Asylum, Hopkinsville, 1883. Dr. JAMES RODMAN.

There were in the Asylum, at the date of the last report, November 1, 1882, 503 patients. Admitted during the year, 118. Total 621. Discharged recovered, 55. Improved, 13. Unimproved, 6. Eloped, 4. Died, 36. Total, 114. Remaining under treatment, October 1, 1883, 507. The report of the superintendent, Dr. Rodman, is quite brief. The most notable incident during the year, as mentioned in the report, was the outbreak of small-pox, which by prompt measures, was confined to the individual first attacked and to those who were infected by him. Having, after a few years trial with detached quarters for a class of quiet men patients, become satisfied of the utility of such an arrangement, the superintendent has made arrangements for like accommodation for a limited number of women patients. A cottage has been built some little distance from the main building, "yet near enough for constant medical oversight, with all the appliances of a home-like dwelling, including open fire-places, dining-room, kitchen, bath-room and water closet. It will be handsomely furnished, then put in charge of a responsible matron and needed attendants."

The superintendent says: "I believe that in this cottage and another now in use, it will be demonstrated that a system of detached buildings is in most respects,

preferable for a large class of inmates, to the present manner of asylum construction." Fourteen pages of the report are occupied with the names, county of residence, and dates of admission of patients in the asylum. In the absence of definite information, we presume that this publicity is required by the law of the State. It certainly is a custom, if such is the case, which ought to be discontinued by legal enactment.

TEXAS:

Annual Report of the State Lunatic Asylum, Austin, 1883. Dr. A. N. DENTON.

There were in the Hospital, at the beginning of the year, November 1, 1882, 358 patients. One hundred and eighty-five were admitted within the year. Sixty-one were discharged, and 26 died. Of the 61 discharged, 47 were discharged after Dr. Denton became superintendent, (January 20,) 42 of the number having been restored. One homicide was committed in the asylum on the 31st of May, at night, by an insane negro, his victim being a room-mate. Of the 26 deaths, 20 occurred after January 20, showing a death rate estimated upon the whole number under treatment, for the period reported by Dr. Denton, (January 21 to October 31) of 3.8 per cent. A very low rate surely—which seems to have led the Doctor to make the following comment:

"I doubt if there is another institution of the kind in this or any other country that can show a smaller mortality. In order that this fact may be more clearly seen and appreciated, I have carefully noted the death rate in the following named asylums for the insane for the years annexed: Four asylums in the east, one in the west, and three in the south," &c.

This statement of the case is hardly justified, as a simple statement of death rates in figures, without a wide range of historical facts, does not justify an inference of good or bad management, and is more likely to deceive than to instruct the student.

The results of one year of hospital work does not furnish a trustworthy example, from which alone, general results may be estimated or anticipated. The period is too short to embrace all of the conditions essential to a full estimate of capabilities and probabilities. Suppose we estimate the death rate in the Texas Asylum by a shorter period—say from November 1, 1882, to January 20, 1883—three months and twenty days, when the asylum was under a different management. The whole number under treatment for that period was 579. The number of deaths, 6. Ratio, 1.5. Not long since the fact that not a death had occurred in the month of February, in a hospital for the insane, showing a daily average of nearly 1,200 patients, was heralded to the world as an indication of the extraordinary merit of the then present new hospital management. No report for the next month, or any month since has emanated from that hospital.

No better example of the insufficiency of such statistics to represent large truths, need be cited than is furnished by a tabular statement of the number under treatment, and number of deaths, with ratio of mortality for nine consecutive years of the Texas Asylum, which Dr. Denton furnishes in this report, by which we are informed that in 1875–6 the ratio of mortality was 3.8 per cent; for 1877–8, 3.1 per cent; while for 1878–9, it was 10, and 1880–81, it was 11.6—the per cent for the nine years considered as a single period, being 5.1—but little over one-half of the average rate for the United States or Great Britain. Two hundred acres of

farm land have been added by purchase to the one hundred acres previously owned by the State for asylum purposes. A large amount of labor has been performed by inmates; ninety per cent of whom (found in the asylum) Dr. Denton regards as incurable. New buildings were opened September 5, for the admission of patients. Extensive repairs, including new and more capacious boilers, and steam heating apparatus, and fresh water supply have been effected; and the asylum enters the new year, enlarged, with better equipments, and brighter prospects for usefulness than ever before contemplated. Texas will soon take rank with the most populous and the wealthiest States in the Union, and shows indications of a purpose to be abreast with them in all that pertains to what may be called a "higher civilization."

INDIANA:

Annual Report of the Indianapolis Hospital for the Insane
1883. DR. WM. B. FLETCHER.

This is the thirty-fifth annual report of the Hospital for the Insane, at Indianapolis, Indiana—the first under the superintendency of Dr. Fletcher, who succeeded Dr. Joseph G. Rogers, in June, 1883. This hospital has two buildings, and two departments; one for men, and one for women; both under one government, and one superintendency.

The number of patients present at the beginning of the year, was 1,085. Six hundred and ninety-eight were admitted within the year. The whole number treated in the year was 1,783. Daily average, 1,112. Recovered, 352. Died, 108. Eighty were discharged "improved." One hundred and nineteen "unimproved." Nine "not insane," and two "idiotic."

The expenditures for the year were: For maintenance, \$215,473.05. Repairs, \$7,497.16. Clothing, \$10,081.22. Aggregating \$233,051.43. Making the cost for maintenance, repairs, and clothing furnished by the State, at the rate of \$210 a year; or \$4 a week (in round numbers) for each patient. Or, excluding ordinary repairs and clothing, \$194 a year—\$3.73 a week.

The trustees, all but one of whom are recent appointees, in their report, "call attention to the fact that nearly all mechanical restraints for patients have been abolished in the hospital"—say "the hospital will soon have a capacity of fourteen hundred and fifty patients"—complain of "the unwise wording of the law making continuous appropriations, which restricts the use to one-twelfth of the amount for any one month of the fiscal year"—and they are "pleased to note that the per cent of cures is rapidly increasing."

The superintendent signalizes his acceptance to office by the statements:

The use of medicinal agents has been much reduced. Stimulants and tonics are mostly required, because most patients brought to the hospital are in a condition of debility. The stimulant formerly used was whisky, either diluted with water or combined with cod-liver oil. About three gallons per day were consumed. At this time one pint is quite sufficient, an extra malt beer having been substituted, with marked benefit to the classes of patients who lack appetite. Particularly has an improvement been observed among the female patients by the change.

The former custom of secret burials has been abolished, and regular public funeral services are held by our chaplain.

Undoubtedly much, if not the greater part of the benefit derived from hospital treatment of the insane, is through the gentle management and kindly influence of those who are associated with them. All that a loving, intelligent parent would do to cultivate self-control, self-respect and moral restraint in a willful child, is applicable here.

Moral force methods are stronger than physical restraints in aiding the mind to recover its balance. This firm belief has caused

a warfare upon chemical and mechanical restraints in the wards of the hospital, * * * * and, it is hoped that in a short time, with more skilled help and better prepared rooms, that no vestige of such resources shall remain.

The superintendent, also, recommends the employment of a female physician—notices the death of Dr. J. C. Walker, (assistant,) April 15, 1883. The resignation of Dr. W. H. Hubbard, “a most efficient and popular assistant,” and “the resignation of Dr. Jos. G. Rogers, superintendent, June 7, 1883, to accept the position of medical engineer to the new hospital commission.” Also the appointment of Dr. T. Davenport. and Dr. W. E. Brandt, to fill vacancies; and the appointment of a chaplain, Mr. John Kidd. All these changes and results in five months.

It is always interesting to persons of experience to study the first report of a novitiate in the management of an insane hospital, and to notice with what complaisance they criticise the work of their predecessors—and with what “comfortable assurance” they inaugurate real or supposed works of reformation and improvement; all of which are to result in a greatly improved condition of the hospital and its inmates, and a marked increase in the ratio of cures to be effected by hospital treatment.

Dr. Fletcher, is not an exceptional example, however modest his first report, and we can but wish that his anticipations may be realizations before the whirlgig of partisan politics in the Hoosier State relegates him to private practice.

Knowing how much easier it is to make a statement than it is to prove the truth of it, the man of experience will look for the evidence of this “rapid increase in the ratio of cures,” which the trustees are “pleased to note” in the statistics of the report itself.

By turning to page 28, we find a tabular statement including statistics of numbers admitted, recovered, &c., number resident (average) and per cent of recoveries of all under treatment, etc., for each year from the opening of the hospital, 1848, to the close of the year, 1882-3—and, to our astonishment find that, while the per cent of recoveries on the whole number under treatment, from 1848, to 1879, fluctuates from 19 to 28 in round numbers—for 1879-80, it is reported as 28.04, for 1880-1, as 49 for 1881-2, as 50.09, and for 1882-3, as 50.75.

Evidently "some one has blundered," ignorantly of course. But upon this showing, if upon any figures, the trustees must have founded their statement.

That this is error, that no such per cent of recoveries has been reached, may be seen by ascertaining from the superintendent's statement, page 8, the whole number under treatment for the year 1882-3, was 1,783—fifty per cent of which would be 891.05 or 221 more recoveries than the whole number discharged as cured, improved, unimproved and died, the whole number of such being as reported only 670.

The error consists in representing a ratio of recoveries on the whole number admitted for the year, as the ratio per cent on the whole number under treatment, which is proved by the fact that, (see table 11, page 16,) there were 698 patients admitted within the year, 352 were discharged as "recovered," which gives a ratio of 50 per cent and is in accordance with reasonable expectations, being about the average per cent of recoveries thus estimated for the thirty-four previous years of hospital history, while the ratio of recoveries for 1882-3, if estimated in relation to the whole number under treatment, (recovered 352, whole number under treatment, 1,783,) would be but 19 per cent, somewhat *below* former averages.

It is to be hoped that such errors in statistics, obvious to the skilled or inquisitive observer, will be avoided in future, and corrected for the past, as they serve only to mislead the credulous or cursory reader, or destroy the confidence of the more careful and exacting student.

ARKANSAS :

Annual Report of the Board of Trustees of the Arkansas State Lunatic Asylum, Little Rock, 1882.

The trustees report progress in the construction of the institution. An account of the general plan of the building, with a somewhat detailed statement of the method of construction employed is given. On the 1st of November, 1882, Dr. C. C. Forbes, of Louisville, Kentucky, was elected superintendent and entered upon his duties on the 1st of December, 1882.

NORTH CAROLINA :

Annual Report of the North Carolina Insane Asylum, Raleigh, 1883. Dr. EUGENE GRISSOM.

There were in the Asylum, at the date of the last report, 278 patients. Admitted during the year, 53. Total under treatment, 331. Discharged recovered, 17. Improved, 43. Unimproved, 63. died, 9. Total, 132. Remaining under treatment, 199. The directors of the asylum report that the institution is now in better condition than ever before ; that the percentage of recoveries is larger and that of deaths smaller. In accordance with the act of 1883, the directors in conjunction with the board of the Western North Carolina Insane Asylum, have agreed upon a line passing through the State, determining the territory from which patients should be sent to each of these two asylums. In accordance with a section of this act, ninety-six patients have been

transferred from this asylum to the Western North Carolina Asylum.

The report of the superintendent is largely taken up with a detailed account of the extensive repairs which have been undertaken during the year. These have comprised, in many instances, an entire renovation of the wards and some of the rooms.

LOUISIANA:

Biennial Report of the Board of Administrators of the Insane Asylum of Louisiana, Jackson, 1883-1884. Dr J. WELCH JONES.

There were in the Asylum, at the opening of the biennial period, 244 patients. Admitted during the period, 477. Total under treatment, 721. Discharged recovered, 59. Improved, 14. Unimproved, 11. Not insane, 1. Died, 164. Total, 249. Dr. Jones' report shows that the period just closed, has been one of unusual difficulty in the management of the asylum. The closing of the city asylum at New Orleans, resulted in the reception, on one day, of 129 patients from that institution. In addition to the increased number of admissions, the character of many of the cases was such as to add unusually to the difficulties incident upon their care. Forty-five were cases of epilepsy, 11 were paretics, 2 were in articulo mortis when received, 3 were blind, and 31 were idiots. In addition, it is stated that the age of two of the patients was supposed to be one hundred years. Such has been the crowded condition of the asylum that the superintendent has been forced to put two and three into rooms originally intended for but one person. An epidemic of dysentery, prevalent throughout the region surrounding the asylum, attacked several of the inmates of the institution and resulted in a large increase in the death rate. The

superintendent reports that a large number of the patients has been usefully employed during the year, and states that in the brickyard connected with the institution, the patients, under the supervision and with the assistance of some of the employes, have made during the last two years 2,200,000 brick. From the report of the superintendent, it is apparent that there are many things urgently needed to place the institution in a proper condition to subserve the best interest of the inmates. We learn, with some surprise, that the wards are devoid of any arrangement for lighting, other than candles, and agree with the superintendent in characterizing them as unsatisfactory and unsafe.

SUMMARY.

INTERNATIONAL MEDICAL CONGRESS.—We are in receipt of the announcement of the Committee of Organization of the Eighth International Medical Congress, which is to be held at Copenhagen, August 10 to 16. The following extract from the announcement is given as being of especial interest to our readers:

The Section of Psychiatria and Neurology.—As you will see from the enclosed communication, the Eighth Session of the International Medical Congress will be held in Copenhagen next year. Expressing the hope that you may find it in your power to be present at the meeting and especially expecting, that the Section of Psychiatria and Neurology may count upon your participation, the Organizing Committee for the said section, comprising besides the undersigned President and Secretary, the following gentlemen: Professor Gædeken, Professor C. Lange and Professor Kjellberg of Upsala, hereby begs leave to send you a provisional list of questions which it has thought suitable to be discussed in the meetings of the section.

We are, Sir, your faithful servants,

Prof. STEENBERG, M. D.,

President of the Organizing Committee for the Section
of Psychiatria and Neurology.

Dr. A. FRIEDENREICH,

Secretary.

Psychiatria.—1. Statistical view of the Mental Diseases and the Psychiatric Institutions in the Scandinavian countries. 2. Proposal for Uniformity of the Annual Reports of Lunatic Asylums in the various countries. 3. The value of Agricultural Colonies in the treatment of insanity. 4. The value of exercises in the treatment of mental diseases. 5. The significance of the schools for the production of mental diseases. 6. The temperature of the body in the primary stages of mental diseases. 7. Insanity in childhood. 8. Perverse sexual desire. 9. The "Psychic Epileptic Equivalent." 10. The relation of the Progressive General Paralysis to Syphilis. 11. Anatomical characters of the Brains of Idiots. 12. What method for the Weaning from use of Morphia is to be preferred, and where can it be best carried out?

Neurology.—1. The role of lesions of the Peripheric Nerves in producing anatomical changes in the Central Nervous Organs. 2. Secondary Degenerations in Brain and Spinal Cord. 3. Disturbances of Speech of Cortical Origin. 4. Disturbances of Vision of Cortical Origin. 5. Cortical Epilepsy. 6. Vasomotor and Trophic Neuroses. 7. The importance of affections of Peripheric Organs (particularly the sexual organs) for the production of Functional Nervous Disturbances, especially Hysteria. 8. The so-called Amyotrophic Lateral Sclerosis, especially with regard to the constancy of the anatomical changes and its difference from or identity with Aran-Duchenne's progressive Muscular Atrophy. 9. The Curability of Tabes Dorsalis. 10. Syphilis as an etiological moment for Tabes Dorsalis. 11. Landry's paralysis especially with regard to the question, whether it is a particular disease or a symptom which may be produced by various morbid conditions. 12. The value of Nerve-Stretching in the treatment of various nervous affections.

CIVIL SERVICE LAW IN NEW YORK STATE.—The "Civil Servie Act" which went into operation January 5, 1884, includes in its provisions rules for ascertaining the qualifications of all persons to be employed in State Institutions for the Insane, after that date. Hereafter no appointment can be made except in compliance with the provisions of this act. The regulations in regard to supervisors, nurses, orderlies and attendants, impose no restrictions regarding nativity, citizenship, or place or length of residence. Male applicants to be not less than twenty nor more than forty-five years of age, and female applicants not less than eighteen nor more than forty years of age; to be free from physical defects or disease calculated to impair efficiency; to provide satisfactory vouchers as to moral character, cleanly and temperate habits, and equable and humane disposition. Such applicants to be able to read, write and work correctly simple sums in addition and subtraction.

In regard to engineers, skilled mechanics, etc., the same general regulations apply with the addition that

they shall have "such special qualifications as may be required for the satisfactory discharge of the duties of the position to which named." The Civil Service Commission have appointed local examining boards from the staff of each institution in the State, to examine applicants for these positions. These boards conduct their examinations in writing and report to the commission at Albany.

For the present the Examining Board for assistant physicians consists of Dr. E. M. Moore, President State Board of Health, Dr. Stephen Smith, State Commissioner in Lunacy, and Dr. John P. Gray, State Asylum, Utica. The commission seems wisely to be gradually developing the system so as to ensure the best practical results.

BRITISH MEDICAL ASSOCIATION—PSYCHOLOGICAL SECTION.—At the meeting of the British Medical Association, Belfast, July 29, 30 and 31, and August 1, the section of Psychology will be under the chairmanship of Dr. George H. Savage, of London. The following subjects have been selected for discussion: "Employment of the Insane. Varieties of General Paralysis. Use of Alcohol in Asylums. Moral Insanity and Imbecility. Legal Persecutions by Discharged Patients."

The selection of these subjects will not exclude other topics, and communications are invited.

RE-APPOINTMENT OF DR. FAUNTLEROY.—Dr. A. M. Fauntleroy was, on April 15th, re-appointed superintendent of the Western Lunatic Asylum, of Virginia, at Staunton, from which position he was removed some two years ago for political reasons solely. We congratulate the State on the return of better wisdom.

AMERICAN JOURNAL OF INSANITY, FOR OCTOBER, 1884.

PROGRESS IN PROVISION FOR THE INSANE.
1844-1884.*

BY W. W. GODDING, M. D.,
Superintendent of the Government Hospital for the Insane,
Washington, D. C.

After an organized existence of forty years, the Association of Superintendents of American Institutions for the Insane, embracing, as it does, the medical heads of more than one hundred hospitals and asylums for the care and cure of this unfortunate class, scattered throughout the English-speaking States of North America, is asked to give an excuse for being. To us, its individual members, comes the question: "What are you doing in the Master's vineyard?" It is not the occasion of the fortieth anniversary of its organization, alone, that demands to know this; it is the questioning spirit of the age which asks of law, "By what authority?" Of science, "What use?" Of religion, "What claims to our devotion?" It is time to take an observation and see what speed the good ship launched forty years ago has made, and how and where and whither she is now drifting.

So we come back to the old home and stand here in the fronted places to give account of our stewardship.

* Read at the Annual Meeting of the Association of Superintendents of American Institutions for the Insane, held at Philadelphia, Pa., May 13, 1884, as a part of the Memorial Exercises of the Fortieth Anniversary of the Association.

Time makes sure progress and whatever else may retrograde, human life moves on, but, thank God, one of the old thirteen who held that first meeting is here to preside to-day.* Dr. Butler, of Hartford, Conn., Dr. Stokes, of Baltimore, Md., and Dr. Chandler, of Worcester, are the only other men living who were superintendents of institutions for the insane in America in 1844. But forty years is the working life of a man, and when we remember that forty years ago these men were already sufficiently advanced to be at the head of their institutions, the wonder is not that these alone survive, but that they had not all long since ceased from their labors. The past is theirs, the present is ours, the future will belong to others. In making our excuse for being, I have been assigned to state what progress forty years have shown in provision for the insane.

What was the special provision that had been made for this class in America prior to 1844? The first distinct hospital for the insane was opened at Williamsburg, Va., in 1773, although the provision of a separate ward for the insane was made in the Pennsylvania Hospital at Philadelphia, as early as 1752. In 1844, Virginia was the only State that could boast of more than one State institution for the insane, viz.: The one already mentioned at Williamsburg, and a second at Staunton. New York had only the year before, in 1843, built her State hospital at Utica, although the city of New York had provided a receptacle for her lunatics on Black-

* Dr. Pliny Earle, of Northampton, Mass., President of the Association. The Association was organized at Philadelphia, Pa., in October, 1844; present, Drs. Samuel B. Woodward, Luther V. Bell, C. H. Stedman and Dr. N. Cutter, of Massachusetts, Dr. Isaac Ray, of Maine, Dr. John S. Butler, of Connecticut, Drs. Amariah Brigham, Samuel White and Pliny Earle, of New York, Dr. Thos. S. Kirkbride, of Pennsylvania, Dr. Wm. M. Awl, of Ohio, and Dr. Francis T. Stribling and Dr. John M. Galt, of Virginia. Of these only Drs. Butler and Earle, survive.

well's Island, in 1839, while the Bloomingdale Asylum was established in that city with distinct buildings in 1821, having long provided for them in wards of the New York General Hospital, and Dr. MacDonald had a private home for the insane in New York city, and Dr. White a similar institution at Hudson, New York, in 1844.

Pennsylvania had no State hospital in 1844, but the Pennsylvania Hospital for the Insane at West Philadelphia was already famous, and there was the Friend's Asylum at Frankford, Pa. The Blockley Alms-House of Philadelphia, had not then opened its insane department as a distinct building.

The great west, north of the Ohio River had, in 1844, but a single hospital for the insane, that at Columbus, Ohio, opened in 1839. New England had quite a number of these institutions. In Massachusetts there was one State hospital at Worcester, opened in 1833. The city of Boston had established a hospital for lunatics at South Boston, in 1839. The McLean Asylum at Somerville, was opened as early as 1818, and Dr. Cutter had a private retreat at Pepperill. Maine opened her State hospital at Augusta, in 1840, and New Hampshire at Concord, in 1842. Dr. Rockwell, at Brattleboro, Vt., had been carrying on an asylum since 1837, which, though not strictly a State institution, provided for the insane of Vermont. At Hartford, Conn., a similar provision was made for the State insane at the Retreat under Dr. Butler. The Butler Hospital at Providence, R. I., building, but not opened for patients, was in charge of Dr. Isaac Ray, a name that had even then been heard in two hemispheres. Maryland, as early as 1816, had founded a State hospital at Baltimore, where was also the Mt. Hope Asylum, under the management of the Sisters of

Charity. South Carolina had, as early as 1827, established her asylum at Columbus. Kentucky still earlier, in 1824, at Lexington. Tennessee at Nashville, in 1840, while Georgia was just opening one at Milledgeville in 1843.

This, so far as I have been able to learn, were all the institutions for the insane in operation within the limit of the United States at the date of the first meeting of the Association. There was a single hospital within the British Provinces, at Toronto, Canada, opened in 1841. Twenty-five in all, of which, thirteen only, were distinctly State hospitals, having in 1844, a population of about fifteen hundred insane, out of some seventeen thousand in the country; the insane being then estimated at one to every thousand inhabitants. As one year later the number of the insane in these hospitals had risen to more than two thousand, it is probably safe to estimate their capacity as fully twenty-five hundred. But even placing the accommodations afforded by these twenty-five State, private and corporate establishments as high as three thousand, which would certainly be their limit, there would still remain more than four-fifths of the insane to be provided for in alms-houses, in jails, in cages or adrift at large in the community.

This was the provision for the insane in 1844. It is worth the while to run over the list of the twenty-five superintendents, more or less, of that day, and see what names are there. In the list of the thirteen present at the first meeting, omitting those of the two living ones, whom usage forbids to eulogize, I read Amariah Brigham, Samuel B. Woodward, Isaac Ray, Luther V. Bell, Francis T. Stribling and Thomas S. Kirkbride. Each one a giant—"there were giants on the earth in those days." Now, you and I are considered to be equal to

a superintendency; but I am asked to speak of the progress in provision for the insane, not of the progress in their superintendents.

In 1884 I find that the institutions of all kinds for the care of the insane in America, have increased more than five-fold since 1844, but in the meantime the ratio of the insane to the whole population, has risen from one in every thousand then, to one in every five hundred now, so that to-day there is probably not less than one hundred thousand insane within the limits of the United States. The increased provision will probably afford good accommodation for thirty thousand inmates, and at the date of the United States census in 1880, forty thousand nine hundred and forty-two were crowded into these hospitals, including the insane departments of alms-houses, leaving the majority still to be provided for, as in 1844, indiscriminately huddled in alms-houses, in jails, in cages, and adrift in the community. Thus far only, then, have we come with our progress in provision, in forty years.

Now, I assume that you do not expect me, as the statistician of this occasion, to occupy your time in telling you, for example, just how many hospitals have come into existence in the great north-west within the last forty years; what palaces for lunatics have crowned the bleak summits of Massachusetts; at what cost per capita, most complete and elaborate structures for the insane have arisen from the sands of New Jersey; how a State unborn in 1844, after sending a commission through the world in search of information respecting the dwellings and the care of the insane, has, beyond the Rocky Mountains, embodied in brick and stone, the result of all that research and labor for the benefit of her insane. To say that whereas, it was the exception to find a State provided with an institution for the

insane then, now it is the rare exception to find one without, all this would be an easy task, a pleasant glorification for the hour; but I was the last man to have been called on for this—indeed, I can not doubt but you wonder, as I do, where there were so many able and ready to speak from personal knowledge of the history of the provision for the insane, and the progress of this Association in the past, why I, still comparatively of yesterday, was called upon at all. Certainly, if I read the signs of the times aright, it is not the statistics of hospitals, the mere mathematics of progress in provision for the insane, that this occasion demands. The question that we are called upon to answer to-day is, what is the real progress, if any, which has been made during the last forty years in our provision for the insane in America, in its completeness and in its character? It is that which I am here to discuss.

And, before I begin to speak of things that may, perhaps, seem to imply censure of ourselves, I want to say that the modern fashion of laying the blame of all the omissions in the way of provision for the insane in America, at the door of this Association, wont do. Boards of State Charities, like ourselves, too often theoretical rather than practical; legislatures, alive to the political requirements of party, but dead to the real needs of a commonwealth; a sovereign people, indifferent also, to true economy in the future on this growing problem of insanity and pauperism, while only anxious to escape from present taxation and expense: all these should come in for their share of the censure which is now cast on this Association by those who either do not know the facts or who are unwilling to admit them. "Let every ass bear his own burden." The medical superintendents of institutions for the

insane as a body, individually and collectively, and without a single exception, have put themselves on record again and again as demanding that the State should make the best possible provision for every insane person within its jurisdiction, whatever the form of the disease, acute or chronic, curable or incurable. The brethren have stood shoulder to shoulder on this high ground of principle, as against all comers from the realm of mere expediency, and whatever difference of opinion may have existed in regard to the detail of such provision, or whatever errors of construction may have chanced to have been embodied in that provision, if errors at all, were those of the head and not the heart, which has beat ever in sympathy with the unfortunate insane of all classes and in all stages of the disease.

I find that the pioneer company of thirteen earnest men who came here forty years ago to lay the broad foundations on which they themselves and their successors, and those who shall come after us might still find room in building that "psychopathic hospital of the future," as Dr. Earle has styled it, wherein shall yet be gathered all classes and conditions of the insane, I find, I say, that these were live men, and appointing at that first meeting no less than sixteen committees; they laid out work for future report in every field of the specialty, and thus early started questions which forty years have not sufficed to answer. On this very matter of provision for the insane there were no less than five of these committees, and it is worth while with reference to the fullness with which they covered the whole ground to give them here, together with the names of those who were then called on to make the reports:

On construction of hospitals for the insane: Drs. Awl, White, Bell, Butler, Galt, Ray.

On the support of the pauper insane: Drs. Stribling, Bell, Ray.

On asylums for idiots and the demented: Drs. Brigham, Awl, White.

On asylums for colored persons: Drs. Galt, Awl, Stribling.

On the proper provision for insane prisoners: Drs. Brigham, Bell, Earle.

This does not look as if the fathers expected that one roof would cover them all. At that time it had not occurred to the members of this Association that it was necessary to have "propositions" authoritatively enunciated on any subject. Each one was doing conscientious work for the insane in the way that seemed best adapted to the varying circumstances of that class in his own special field of labor, and they met to compare notes and encourage each other. I very much doubt if it occurred to any one of them, that his way—very likely the best way for him—should be stereotyped and cast into propositions to be held up as the only way for another, forty years later. In the early days of a religion men go to the stake for a belief so simple and so firmly held that they write it down only in their lives; in the latter stages of that religion's development, zealots get together and crystallize out their waning beliefs into written creeds. I shall not permit myself to say here that the famous "Propositions of 1851" were not the very best that could have been enunciated at that time in regard to the proper provision for the insane in hospitals, if indeed one is required to enunciate anything. When I come to reverently lay a garland on an altar of the past I certainly shall not rudely attempt to overturn it, but we may be

permitted to regret that the religion which reared it has become extinct. There is always that danger in regard to propositions.

From the adoption of the propositions of 1851, I date the first era of real progress in provision for the insane within the last forty years. These propositions embodied the most approved ideas in regard to hospital construction and arrangement, and so afforded a basis for most liberal plans of which the States about to build hospitals wisely availed themselves. They were the result of the careful study and conscientious work of Dr. Kirkbride, one of the ablest of that remarkable group of men who organized the Association; one who, after a long life of the highest usefulness, in this, his chosen field of labor, has but recently gone from us, and just when we had all hoped he would be present to welcome us here, is himself welcomed elsewhere. His eulogy will be pronounced by abler lips than mine, but as has been said of one of England's greatest architects on his tombstone:

“Si monumentum requiris, circumspice.”

Do you seek his monument? Look around you in every State and behold the hospitals which are justly the pride of each community, and yet they all bear the impress of his mind in their completeness of appointment, their symmetry of form and liberality of provision, and, so long as the brick and mortar which compose them shall endure they will stand as a memorial of him. And yet, I think, his life-work among the insane will stand longer and be a better monument, for the architecture of hospitals will change and become obsolete, but the record of a life well spent in the service of suffering humanity is something time can not wither.

In the decade following 1851, the date of the adoption of the propositions on hospital construction by the Association, no less than twenty-six institutions for the insane were opened in America, or one more than the total number in existence at the date of the organization of the Association. This seems the very golden age of progress in provision for the insane. So far as I can learn the propositions furnished the basis on which the great majority of these hospital buildings were planned and erected, and in their admirable arrangements and liberal provision for two hundred patients, the number to which these propositions limited the provision in one hospital, they are almost models to-day.

Within this, which I have designated as the first era of progress in provision, since 1844, I note two marked departures of special progress deserving of particular mention here. The first, in some respects, the greatest advance in provision that the forty years have shown, was the opening, in 1859, of the Asylum for Insane Criminals at Auburn, N. Y. It seems but proper to state here that it was mainly due to the individual efforts of Dr. John P. Gray, of Utica, the late President of this Association, that this distinct provision for the convict and criminal insane of New York was made. Surely it can not be necessary, at this late day, to explain wherein this represents true progress in the history of our provision for all of the insane. The enlightened spirit of the age, in the name of humanity, demands the separation of this class, and it is humiliating to think that thus far the progress is in example only, and that after a quarter of a century of such example this remains the only institution of this kind in America.

The other departure, within this first era, was the opening, in 1860, of Dr. Kirkbride's department for

males, making at the Pennsylvania Hospital for the Insane, a distinct provision, complete in all its appointments, for both sexes. The advantage of such separate provision for each sex had been ably set forth by Dr. Galt, of Virginia, in a paper published in 1855.* This departure was a real progress looking to greater freedom and special arrangements for the comfort and care of each sex; it has stood the test of experience and is deserving of more universal adoption; it is progress that will continue to progress.

It must not be understood that this first era showed no progress in the minor details of hospital provision. In the older institutions stone cells were torn out, bay windows projected, paint displaced whitewash to some extent, certain prison aspects were gotten rid of, while marked improvements in light, heat and ventilation were introduced. It is noticeable that the ideas of what the provision for the insane should be were regarded as authoritatively settled by the Association. Heresy was not tolerated in those days and whoever meddled with the ark of hospital construction was stoned. It is interesting, and in the light of modern changes instructive, to note in the proceedings of the Association, in 1855,† how an erring southern brother, Dr. Galt, of Virginia, was dealt with on this subject. Whoever reads the "Farm of St. Anne"‡ now, will find a picture not wholly uninviting by contrast with what he may happen personally to remember of certain prison-like aspects in the midst of all the comfort and elegance of the New England hospitals of that day, but after the

*"On the propriety of admitting the insane of the two sexes into the same lunatic asylum. By Dr. John W. Galt, M. D."—JOURNAL OF INSANITY, vol. xi, p. 224.

† See JOURNAL OF INSANITY, vol. xii, p. 39.

‡ "The Farm of St. Anne," by John M. Galt, M. D.—JOURNAL OF INSANITY, vol. xi, p. 352.

reception it met with at the meeting of the Association, it is certain that no "St. Anne's Farm" in America marked an era of progress in provision for the insane of that generation.

The second era dates from the year 1866 and opens up anew the whole subject of hospital provision. Only fifteen years before the Association had unanimously agreed upon the proposition limiting the provision of any one hospital to two hundred patients. In 1866 many of the hospitals built on that plan were already crowded with more than three hundred inmates, the alms-houses were full, what was to be done? It was plain that whether the step to be taken was an advance or retrograde one in the provision for the insane, the day of limiting hospitals to two hundred patients had passed, for necessity knows no law and here was the fact of the overcrowding.

The change was decreed, if not in the Association, in the inexorable logic of events, and yet, even after this lapse of time I confess that I approach the subject of asylum buildings in America, in the presence of the revised edition of Dr. Kirkbride's "Hospitals for the Insane," very much as the degenerate descendant of Hellas may be supposed to contemplate the masterpieces of ancient art at Athens. The Parthenon, slow-crumbling on the heights of the Acropolis, still challenges the admiration of the world as the highest exponent of Greek architecture, although for two thousand years the power of Pericles who reared, the hand of Callicrates which fashioned, and the brain of Phidias that created it, have been dust. The modern Athenian venerates this imposing structure as a noble monument of the past, but he does not look upon it as a habitation, indeed he would be very sorry to be compelled to live in it, for what was both beautiful and serviceable once, has only beauty now.

So, while men sleep and wake and dream again, the world moves on, and the men of '66 awoke to the consciousness that the ideally perfect hospital of the father's worship, so admirably fitted for two hundred patients, with its two wings and eight wards on either side of a center building, as symmetrical and exactly alike in all details and appointments, as in the world of art were the flattened branches of the willow which drooped above the urn in those sorrowful memorials that ornamented the mantle shelves of our childhood, was yet quite inadequate to provide for the rising flood of insanity that threatened to overwhelm them.

I do not underestimate the value of the hospital of the first era in the past or in the present. The plan was a liberal one, that in many respects it was a most excellent one, is shown by the uniformity with which it has been adhered to through well nigh half a century of hospital construction. It is a great, an abiding work which they have done for the insane in America. Like those temples of old, it was the devotion of noble men and women which reared them; among whose number are names that "the world will not willingly let die." But this was the situation which the men of '66 found staring them in the face, even as it does us to-day; they had magnificent hospitals, but they were filled to overflowing; what was to be done with the twenty odd thousand insane for whom these hospitals had no room? Whose lives were laid in prisons and alms-houses, who wandered about as the "cranks" of society, inured to poverty, indifferent to crime, outcast, vagabond, and ready to perish, but in the name of humanity knocking at the door?

The Association determined to answer the question by the enunciation of principles, which has always been a favorite method of progression with us. Dr. Butler,

of Hartford, Conn., in an eloquent address on the claims of the chronic and presumably incurable insane, delivered before the Association at their meeting in 1865, Dr. Cook, of Canandaigua, N. Y., in a glowing picture of the provision for the insane poor of the State of New York, read at the meeting in 1866, and Dr. John B. Chapin, in an admirable resumé of the whole subject at that in 1867, led the forlorn hope in an appeal for a change in the propositions of 1851 and 1853, a change that involved the enunciation of new ones in favor of distinct provision by the States for their chronic insane, a proposal that was almost unanimously rejected by the Association. And the Association was right; it was time that they had done with enunciating propositions for all time in one decade, that changing circumstances may require to be modified or repealed in the next. But when I say that the Association was right in this, do I mean that Drs. Cook and Chapin were wrong in what they did when they gathered the chronic insane of New York at Willard? Never, never, never. Gentlemen, there are some things that transcend propositions, humanity knows no law, and when Drs. Cook and Chapin accepted, as the highest written law, the decision of the Association that it was "the duty of each State to make ample and suitable provision for all its insane," and that "the incurable should not be provided for in separate establishments," which as the absolute, even though thus far the unattainable good, was the only position which the superintendents, as a body could consistently assume, and then these men, as individuals, went down from New York to Albany and found the chronic insane that the hospitals had cast forth to make room for recent, curable cases, lying, with others whom hospital care had never reached, wounded and bleed-

ing by the wayside, forgotten in alms-houses, festering in cages, loathsome with neglect, ready to say with Job, "to corruption, thou art my father; to the worm, thou art my mother and my sister;" and lifting them out of their degradation placed them in comfortable, inexpensive dwellings, cared for their needs and made them by their labor in part self-supporting in their pleasant home by the lake side at Willard, they had followed the *unwritten* law, afar off from the propositions, yet I think they walked not far from him who "went down from Jerusalem" journeying thus towards Samaria, their practical provision for the insane beginning where the merely theoretical ends, and in their inconsistency with "the propositions" they were simply glorious.

But it was fully realized that some broader provision than had hitherto found sanction in the resolutions of the Association was imperatively needed if provision was to keep anywhere near to the wants of the whole number of the insane in a community, and at this same meeting, in 1866, Dr. Nichols, of Washington, D. C., introduced, ably supported, and finally carried by a vote of eight to six an amendment to the propositions allowing the enlargement of an institution for the insane "to the extent of accommodating six hundred patients." And this, so far as the Association is concerned, was the beginning of the second era of progress in provision for the insane. And again, I say, the Association was right; right, because though they enunciated a new proposition they thereby took down an old one, and in so doing recognized the principle that propositions, like everything else that is merely human, would wax old and be changed; right, because if there was anything which ought to be said *ex-cathedra* in regard to the provision to be made for the insane, it is this, which was faintly shadowed in these resolutions, namely, that conditions and surroundings must always be allowed to

modify the provision, both as to the number to be accommodated as well as the nature of the provision made.

The second era in the progress in provision for the insane, which was marked by the building of new hospitals of magnificent proportions and by extensive additions to old hospitals, built essentially on the Kirkbride plan, has but recently closed, if indeed it is yet complete. This was certainly, in some respects, a grand era of liberal architecture, a generous response on the part of a tax-paying public to the idea of the Association, that the best possible provision should be made alike for all. If we ask ourselves, not how wisely built, but how well, there can be no question of the perfection of the work, though some may deny the fitness. The future historian can hardly fail to be struck with the majestic proportions and the completeness of arrangement of such hospitals, not to mention others, as those at Columbus, Ohio, at Danvers, and Worcester, Mass., and at Morris Plains, New Jersey. They combine the best examples of the first with the extended accommodations and palatial arrangements of the second era. They are doing noble work as hospitals and in view of their sacred mission and the imposing architectural piles which they present, I had almost styled them the cathedrals of lunacy. They indeed deserve to be ranked as monuments to the devotion of the people who hesitated not to expend at the rate of \$3,000 per capita for buildings in order that nothing, by any chance, might be omitted which could avail for the cure of the insane. Such temples of philanthropy are creditable to the hearts that reared them, but I think we may set it down as an established fact, that although religion will still require churches and chapels for public service, the world, unless exceptionally, has done building cathedrals either for devotion or philanthropy; convenient places of worship that do not tax the parish too heavily

for their construction will be preferred to more ostentatious fanes.

The third step in the progress in provision for the insane, which may be designated as the era of detached buildings in the construction of hospitals, seems to me to have but just begun. The hospital of the first era, of limited numbers and marked uniformity of wards and arrangements, will doubtless continue to be built here and there, where circumstances, such as a limited population to be provided for, may seem to favor such construction, but not generally. I think also that we may consider the cathedral era as virtually closed, with splendid monuments not likely in this age to be duplicated.

The requirement of to-day is provision for all with reasonable expenditure in the construction of comfortable homes on flexible plans, varied to suit the particular class and condition of the insane for which they are intended. It is certain that we shall no longer be able to satisfy the public who look to us for advice and guidance in this matter of provision, even if we could content ourselves, with anything short of a plan that shall be of practical application to the whole of the insane in a community, not less than seven-eighths of whom will always be chronic cases. In demanding this, society has come to no iconoclastic tearing down of old hospitals. Many of these have been erected at an expenditure that we should not now think justifiable because we thereby leave so many unprovided for, but I certainly would not say that our hospitals for the insane have as a whole been extravagantly built. I am sure that we shall all agree that in one respect the men of the first era built well, nay, even

“Built better than they knew,”

when they planted these liberal hospitals for curable

cases in the midst of farms and grounds so extensive that they now afford ample room for the asylum homes for the chronic cases, which in future years will grow up around them. Thither tends the progress in the provision of to-day.

As central nuclei around which to develop the varied plans of earnest minds now intently studying the problem of a more general provision than ever before, adapted to every want and varying condition of the insane, we shall still keep and occupy the hospital of the fathers, cherishing so much which was and is excellent, altering only so far as change of time and circumstances make necessary. But while ambitious to restrict rather than to swell the census of individual establishments, we shall not allow any arbitrary dictum of two hundred or six hundred or a thousand even to arrest our provision under one control, if by so doing we may place all our insane under enlightened supervision and humane care. In the progress of provision for the insane we have overstepped the boundary of even our latest proposition. We have done with laws that like those of the Medes and Persians can not be changed even though thereby our brother might be snatched from the lions. This provision is as yet but exceptional, I grant you, but the little leaven is at work that shall ere long leaven the whole lump. At Willard, at Washington, at Kankakee, at Middletown, in Indiana, in Ohio and elsewhere, they are solving in different ways this problem of a universal provision. It is worth while to glance a moment at the variety which is one of the most promising features of the progress.

Go to Willard and see the largest provision that has yet been made for any class of the insane in America. A central hospital belonging to the second era, and then scattered over a splendid farm distinct groups of

buildings of moderate cost, each modelled nearly on the same plan as its neighbor, but well adapted for their purpose, that of caring for the chronic insane of the State of New York. See the work, the intelligent supervision, the comfort and content. See what, under the careful management, the energy and determination of one man, this establishment, in spite of croaking and coldness, and opposition, has grown to be; and tell me, even if you call this a step in retrograde, would it have been well done if any of these had been left to perish? And, answer me this, which is best, the attainable good or the unattainable better?

Come to Washington and see what can be done with small appropriations where eight hours constitute a day's work. See the provision which has there been made with limited means from the start: how more than thirty years ago this departure in the direction of distinct provision, for different classes, had here its origin in the far-sighted wisdom of the then superintendent* who built his heart into his work and so built nothing unworthily, and made here the first distinct, detached building for the colored insane in America, thereby placing his hospital provision outside of the propositions by placing it twenty-five years ahead of his time and abreast of the requirements of to-day. You will find there provision for distinct classes, of varying cost, from \$150, \$250, to \$400 and \$500 per capita; provision, which when complete, will include a distinct building for the colored insane, for the convict, for the imbecile, for the working man, for the sick and for the convalescent; the plan varied to suit the condition of those for whom it is designed, but also made to conform to the appropriation available; providing not always what we would, but the very best we could, believing that it was bet-

* Dr. Chas. H. Nichols.

ter to trust in the future to improve the provision made rather than making none to continue to provide in wards so full that further overcrowding would have been a crime.

At Middletown, Conn., you will find a very satisfactory solution of the problem of providing for the chronic cases by erecting at a moderate cost, a distinct hospital within the grounds and under the same management as the State hospital, with its more elaborate provision for the recent cases; and you will find it difficult to say which is best adapted to its work, the elaborate and beautiful old, or the convenient, inexpensive new.

But at Kankakee, Ill., will, perhaps be found, when the work of construction now going on is finished, the most complete departure from the old system yet made. Here is a hospital built on the plan of providing in a series of detached buildings of varied structure, suited to the wants of different classes of the insane, for the great majority of all the inmates of the institution. Here may be seen buildings specially fitted for the sick, the epileptic, the suicidal, the quiet dement, the boisterous, the untidy, the paralyzed, in short, an effort has been made here from the start, to differentiate the provision and to suit detached but associated buildings to the needs of every condition of insanity.

I should detain you too long were I to attempt to detail all the instances of progress at the present time in the direction of special provision, but I can not omit to mention in passing the farm cottage of the Bloomingdale Asylum at White Plains, N. Y., the seaside resorts of the McLean Asylum of Massachusetts, and the summer home at Brattleboro, Vt. The latter especially impressed me during a visit in the early autumn. Here were the insane, like ourselves, taking

their summer vacation, their quiet rooms and pleasant piazzas open to the air and sunshine, with the rest of the hills and the freedom of the birds and trees about them. To their darkened lives this had come as a dream of Arcadia. And in the direction of enlightened provision in the past, I could not sufficiently admire the far-seeing wisdom of the first superintendent,* who had, when land was cheap, purchased well nigh a township of meadow and hill and mountain, so that to-day the insane could enjoy this picnic life far from the hospital walls, and take long rambles over the hills all unmolested within their own domains, a world so wide that they would seem to have no need to sigh for one outside its boundaries.

Nor should I omit to note here as an advance in provision for the wealthy insane the cottage abode which affluence has built within the sheltering arms of the Retreat at Hartford, Conn., that the afflicted daughter of fortune might be treated in a hospital and yet continue to live within her own home.

I am aware that these are the evidences of an era of progress unfinished as yet, in some instances but just begun, and that we who are the actors in it, see it too near, have too much of prejudice and passion to view it impartially, and so may greatly overestimate its importance. I confess that these steps already taken seem to me but hints at what may be expected in the future, foreshadowings only of the advance that will come with our emancipation from formulas long since outgrown, faint glimpses of the progress that will result from recognizing the truth, even though that truth should never crystallize into a proposition, that there is only a relative best, that what is the best way for you and me, may not be even good for one who works under different conditions and restrictions. I think we may yet

*Dr. W. H. Rockwell.

see rural pictures of lunacy that shall pleasantly recall the "Farm of St. Anne," with no recriminating contrasts, and that Dr. Bemis, of Massachusetts, may at last be consoled for the cottage home that he saw in his mind's eye, but which took on cathedral proportions when others came to reap where he had sown.

So it presents itself to me. I have no fear that any thing worthily reared will perish, new or old. Yet on the foundation of human need we build but in human weakness; what seems so fair to our eyes may change, and who can say but on the gold and silver that has been laid for foundation stones, we may not have built of "wood, hay and stubble" structures that can not endure. At least we will not arrogate to ourselves or our human work the credit of the sole perfection or the only good. Above all, let us, as an association enunciate no more propositions about it. When the historian of our centennial year, standing here in my place, sums up the century's progress in provision for the insane, it will be soon enough to weigh all this, when another generation has arisen and gone, and a new order has come in with methods and ideas of its own, and you and I are dust.

What such historian may say of ourselves and our methods will matter little to us then. Enough if

"When the Master Builder
Comes down his temple to view;
To see what rents must be mended,
And what must be builded anew,"

it shall be found that while in our weakness we have reared but crumbling habitations "fit only to be burned," yet doing the best we could for suffering humanity here, we have builded elsewhere on foundations of "The Living Rock" mansions to endure.

ON MENTAL CAPACITY IN CERTAIN STATES OF TYPHOID FEVER.*

BY JOHN B. CHAPIN, M. D.,

Medical Superintendent of the Willard Asylum for Insane.

The mental state or capacity of a person during the existence of bodily disease is not infrequently the subject of judicial inquiry, in consequence of the execution of a will, or some legal instrument, during the illness. Notwithstanding the well known rules of law which govern the disposition of such cases, the tendency to look with mistrust upon all testaments and papers executed during a state of disease is universal, and has found expression in the legislation of some of the States prohibiting the probate of wills made within a certain time prior to the death of the party. While there may have existed strong reasons from experience for the enactment of stringent laws of this nature, whether the results of such radical legislation have been productive of greater good, than the possible injustice that is always liable to follow, we are not prepared to state.

The medical observer recognizes the paralysis of mental functions that accompanies the shock of severe injury; that pain has the effect to weaken the will power; and that prolonged physical suffering, while it may not weaken mental power, promotes irritability and a sense of extreme self-consciousness. The changes and disturbances of mental function resulting directly from acute physical disease affecting the brain, or indirectly from retention of morbid matter in the circula-

*Read at the Annual Meeting of the Association of Superintendents of American Institutions for the Insane, held at Philadelphia, Pa., May 13, 1884.

tion, as in fever, or from defective nutrition of the brain from any cause as in embolism, softening, and degeneration, are more appreciable, as they may be plainly manifested in active and passive delirium, as well as in the apparent weakness and hebetude which accompany and follow. Between these extreme conditions of unquestionable incapacity there is an intermediate state about which the question of the degree of mental integrity more frequently arises.

I purpose to occupy your time in presenting, briefly, two cases having a bearing upon the mental condition and capacity in certain stages of typhoid fever, premising that an established case or fact must be regarded as possessing greater value than any hypothesis ordinarily can have.

A farmer, aged 58 years, married, without heirs in his own line, had an attack of typhoid fever of which he died during the third week. The diagnosis appeared to have been made correctly from the symptoms and was confirmed further by the development of several cases in the neighborhood about the same time—one case occurring in the household of the patient, and by deaths from intestinal hæmorrhage. During an evening of the third week of the disease, some of the neighbors present observing the patient to be in a low and failing condition, held a council together and agreed that a will ought to be made. A lawyer was summoned at twelve o'clock at night, who, after consultation with those present entered the bed-room where he was alone with the sick and dying man. In a few moments he entered an adjoining room where writing conveniences were furnished and made a draft of a will in which it was proposed to devise all of the property to the wife, ignoring heirs in his father's direct line from whom he had inherited the larger part of his estate, a circum-

stance, which, with others, doubtless led to the subsequent litigation about the validity of the will. The draft of the will was taken to the patient, as soon as completed, who was raised to a semi-erect position, in which he was supported by the lawyer who sat upon the bed for the purpose. Passing one arm about the patient the lawyer took his hand in his own and guided it in the execution of the instrument. Death occurred about eighteen hours afterwards. On presentation of the will for probate it was contested on the ground that the testator was incapacitated by his disease, and the question was submitted to a jury. At the trial it appeared that some delirium had existed during the early stage of the fever, but it had disappeared and the patient's condition gave promise of a favorable change when death ensued from an asthenic condition, due probably to a failure of the heart's function. The lawyer who had conversed with the patient and prepared the will, died before the trial, and nothing as to the nature of the conversation that took place between them in the bedroom transpired, no witnesses having been present. It did not appear that the sick man had initiated any proceedings looking to the preparation of a will, nor to any provisions that it should contain. He lay in his bed in a quiescent, passive state, apparently unconscious and indifferent as to what was passing about him, or his critical condition. During the trial a question arose as to the genuineness of the signature of the testator. It so nearly resembled the well known handwriting of the lawyer that the ex-county clerk, and others familiar with it, pronounced it to be his, and not that of the testator whose signature it did not resemble in any respect. The late Dr. George Cook, and the writer, were called as experts and expressed opinions that the testator was not in a sound and disposing state of mind

at the time the will was executed. The jury rendered a verdict sustaining the validity of the will.

A case subsequently came to the knowledge of the writer which seems to have an important bearing upon a point raised in the case just detailed—the mental state in some forms of typhoid fever. A gentleman residing in a county adjoining my own had an attack of typhoid fever which confined him to his bed about six weeks when he recovered. The attack was attended by prolonged prostration and a slight delirium of a quiet form, characterized by flighty talk. The delirium soon passed away and was succeeded by a passive, quiescent, indifferent state. During a later stage of the disease the father requested his son, then a member of the bar, and since judge of the county court, to prepare two papers to discharge obligations due to him from other members of his family, amounting to the sum of \$6,000. The first suggestion in regard to the transaction came from the sick man, and the act he contemplated was a proper thing in itself for him to do. The son accordingly prepared a release which was read to the father then lying in bed. After he heard the paper read, he remarked, “that was what he wanted, and that the papers were right.” The papers were then signed and witnessed by the son. Nothing further transpired relative to the matter for a year after recovery, when, in conversation he remarked, that in view of his late illness there was a matter pending which he must not delay any longer to settle—the release of certain obligations from certain members of his family. His son reminded him that he had executed the papers during his illness. He expressed much surprise as he had no recollection whatever of the transaction. The son was equally astonished, as he thought his father at the time was as clear in his mind as he had ever known him to be.

Dr. Ray [Med. Jurisprudence] reports two cases similar to the first one here presented. In both cases there was occasional delirium and wills were executed which were sustained by the courts, though contested. Dr. Ray also reports another case where a lady during an attack of typhoid fever executed a will and subsequently recovered. About six months afterwards, in conversation about a will, she expressed surprise when reminded she had already made one during her illness, of which she had no recollection, and, on examination, its contents were quite different from what she desired.

In three cases where the individuals made wills during the course of a fever, or in sickness attended at some period with delirium, and the acts were sustained by the courts, whether in the event of recovery the transaction could have been recalled and would have been annulled, must be a subject of conjecture. It, however, appears that in the two cases where recovery ensued, one of the parties repudiated the act performed for good reasons, and both failed to have any remembrance of what they had done, though regarded by witnesses to be in a proper and disposing state of mind.

The opinion expressed at the trial of the case first reported, that the testator was incapacitated for the execution of a will, and, therefore, that the one he did execute was invalid, was formed upon the allegation of the medical attendant that he suffered from typhoid fever with occasional delirium, and on the assumption that the will power and other mental faculties were so enfeebled by disease as to be incapable of originating, or framing any proper purpose; that the suggestion to make a will, came from a consultation of neighbors held at a time when they thought death imminent; that no evidence appeared to show that the testator dictated the provisions of the will or indicated to the subscribing

witnesses more than a silent assent; or, that he had ever expressed a previous intention in regard to its provisions, so that it could be alleged that the mind, though enfeebled by disease, was yet moving in the line of previously well-settled convictions.

Was the testator under the circumstances in a condition "to comprehend the effect of his acts?" Had the testator capacity to take an "actual view of his property?" Would he have remembered the transaction if he had recovered? To all these queries, in view of the nature of the disease, and the state of the testator as described, a negative answer seemed the only one to be made. The verdict of the jury was consistent also with the well understood traditional reluctance of such bodies, and of the courts, to disturb a will which may be offered for probate, and made in accordance with the established forms of law.

The opinion which was given in this case was well fortified by the writer's previous observations of the mental condition in certain states in typhoid fever, and he believes it to be in accord with the experience of the medical profession in such cases. If the patient is not in a state of actual delirium, he is quite likely in a passive, quiescent condition, profoundly indifferent to his surroundings, seldom engaging in conversation, or asking questions betraying solicitude as to any surroundings or prospects of recovery; incapable of originating ideas or of managing business transactions. If addressed there is an appreciation of what is presented, but it is more apparent than real. With some exertion of the will the patient makes labored attempts to comprehend a question, as shown by the non-cöordinate movements of muscles, and earnest stare. The answers are made in monosyllables, and he relapses into a state of indiffer-

ence. On recovery recollection of the incidents of the illness—ordinarily an uneventful period—fades from the memory like a dream, indicating a more profound disturbance than is usually supposed to exist. The influence of a depraved circulation to impair the functions of the brain, as well as the effect of sudden or prolonged pain and bodily weakness to diminish and destroy the will power, are important factors in forming an opinion. Intellection may even exist, but mentalisation as the term is used by Dr. Clouston, or the power to form an idea or purpose, seems to be lacking. Unless the instrument is strictly in accordance with previously announced intentions, and the person has fairly originated and dictated his wishes, and it be in itself proper, it seems wiser to conclude that a will executed in the course of typhoid fever should be regarded as invalid, and as a rule set aside. It should be held to be like an act performed in the semi-conscious state of somnambulism, drunkenness, and narcotism, or in those conditions in which the will and consciousness are from any cause in a state of suspension.

TREATMENT OF THE INSANE.*

BY ORPHEUS EVERTS, M. D.,
Medical Superintendent of the Cincinnati Sanitarium.

Notwithstanding the common belief of Christendom that all manifestations of mind are effected by immaterial, intelligent, and immortal beings, temporarily associated with our poor mortal bodies, we are compelled to refer all disorderly manifestations to some defect, or depravity, of these same perishable and helpless elements.

This we do, not only because science so instructs us—but because to ascribe mania, melancholia or dementia, to such hypothetical beings—souls or spirits—would be inconsistent with cherished ideas respecting the origin, constitution, and destiny of such beings—and might detract from the pleasing assurance that “all the ills that flesh is heir to” will be left behind, when “this muddy vesture of decay” no longer “shuts us in.”

I shall refrain, therefore, in presenting this report, from speaking of insanity as a disease of “the mind”—or immaterial man—inasmuch as such use of words is no longer justified by facts or theories—and I shall, also, at the risk of being regarded as “more nice than wise,” adopt the phrase—Treatment of the Insane—instead of—Treatment of Insanity.

There are two classes of insane persons, the curable, and the incurable, that may be treated, in some respects, quite differently, with propriety.

* A Committee Report. Read at the thirty-eighth Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane, in Philadelphia, May 13th, 1884.

A proper treatment of the curable class is a matter of great interest to all, but more especially so, to members of the medical profession.

Treatment of the incurable, however interesting to the medical man, as a citizen, may as well be delegated to professional philanthropists, and political economists, whether educated as physicians or otherwise.

It may be understood, therefore, in advance, that the recommendations and suggestions to follow in this report, pertain to the treatment of such of the insane as are supposed to be curable by treatment; any allusion to the other class being simply incidental.

I shall assume that the physician called upon to treat the insane, is capable of differentiating the curable from the incurable; or, if not, that he will treat all doubtful cases, tentatively, as if curable.

I shall assume, also, notwithstanding the claim of notable physicians to the contrary, that much the larger portion of the insane are incurable, even at the time when mental disorder is first discoverable by ordinary observers.

Just what the relative number of the incurable to the whole number of the insane is, I am not prepared to state. Modern hospital reports indicate a failure to cure, at least, sixty per cent of the whole number admitted to hospitals for treatment, and it is presumable that a ratio of cures based upon the whole number of insane, for any given period, would indicate a much larger percentage of failure.

The number of persons usually reported "cured," whose conditions represent only a kind of compromise between constructive and destructive activities, a restoration of order upon a lower plane of structural and functional capabilities, with a doubtful future, is worthy, also, of consideration.

The unknown quantity in this problem, which I may estimate at too low a figure, is the number of those who become incurable from neglect, or improper treatment, of any kind.

But the question of numbers, or the relative proportion of the curable to the incurable, is not important as bearing upon the treatment of the insane, of either class.

It has been, for a long time, taught, and believed, by physicians, and others, that the probabilities of recovery of insane patients are much increased by sending them to hospitals for the insane, for treatment, at any time before the conditions of disorder become chronic.

Upon what basis of facts this claim rests, if upon any, I do not know. It is inferentially correct, however, and I shall regard it as true.

If not true—if hospital methods and appliances are not superior to home methods and appliances in the treatment of the curable insane—then much that is to follow in this report is without significance.

If true—if hospital methods and appliances effect better general results, than do other known methods and appliances—the question at once arises: What are the distinctive features of hospital treatment, upon which its superiority depends?

That the greater success of hospital treatment of the insane, as contrasted with home-treatment, is attributable to any superiority of skill, or learning, on the part of such hospital physicians as are usually entrusted with the medication of the insane, is not to be presumed. Because—while it is to be presumed that all hospital physicians are learned and skillful, it is known that they are not, as a class, in possession of secret knowledges of any kind, pertaining to the healing art. And because the general result, or ratio of cures effected, as indicated

by hospital reports, is seldom, if ever, *unfavorably* modified by the fact, that young and inexperienced physicians are sometimes placed in charge of large hospital wards. Nor by the fact that each hospital staff adopts a fashion of medication peculiar to itself. Nor by the fact that homœopathists, as profoundly convinced of the enormity of administering appreciable medicine to the sick, as some doctors of medicine are of the barbarity of applying appreciable restraint to the insane, are sometimes placed in full control of large hospitals for the insane, and administer only imaginary drugs to their wards.

The fact is, that the cures effected by hospital treatment—if any there be—are not attributable chiefly, if at all, to medication, by whatever method, or whatever drugs.

Knowledge of many sciences more or less exact pertain to a thorough medical education. And there are some thoroughly educated physicians, even in America. But therapeutics proper is not a science, exact, or otherwise. Nor can it be, so long as the ultimate facts respecting the relation of matter to force, or of function to organization, remain, as now, mysterious.

Excluding medication from our estimate of values, then, in considering hospital treatment of the insane—what other feature is there, of sufficient importance to attract attention, and justify the inference of superiority?

The most prominent of all—restraint. Not this, that, nor the other method, or appliance for restraining the insane—some one or more of which may be objectionable, *per se*—but restraint in a general and comprehensive sense. Restraint—that falls upon the patient as he approaches the hospital, as the shadows fall from its façades and towers upon the lawn beneath. Restraint—that becomes more appreciable when

expressed by the attitude of persons in authority, superintendent and subordinates, physicians, attendants, nurses, and others, acting under orders, whereby the patient is placed at once, and unequivocally, upon the footing of a person laboring under some kind of disability—as requiring care and treatment—as an invalid—as insane. A whole system of restraint, making it possible to secure, for the benefit of the insane, more or less perfectly, by general and special means, persuasive or coercive: (a) regularity of habits, including eating, drinking, bathing, exercise, and rest; and (b) an abandonment of pernicious practices. All of which, to an intelligent observer familiar with the homes and habits of our people—the assumptions, intolerance of environments, insubordination toward authority, and indifference to consequences of conduct, characteristic of the insane; and the attitude of concession, evasion, and downright lying generally occupied by relatives, friends, and physicians, toward the patient, justifies the presumption in favor of hospital, over home-treatment, upon which the recommendations of this report are based.

The first step to be taken, then, in the treatment of the insane, if curable, or doubtful, is to send the patient to hospital; a reputable private hospital if circumstances warrant a liberal expenditure of money; to a public hospital if not.

If for any reason this step can not be taken, the next best thing to do, is to convert home into a hospital, by an adoption of hospital methods, and appliances—so far at least, as to effect a recognition of the fact, on the part of the patient, that he, or she, is regarded, and will be treated, as a person incompetent to direct affairs pertaining to him, or herself; and to secure observance of the more important regulations, respecting conduct, and conditions of person and surroundings, essential to health.

It is true that these recommendations imply coercion rather than concession. It is true, also, that this feature of restraint, characteristic of hospital treatment, is being vigorously assailed, and denounced, as "antiquated," "cruel," "barbarous," and "unsuccessful," by partisans worthy of consideration.

It is claimed, indeed, that such recommendations as I have now made should be reversed, step by step. That the first thing to be done for insane persons, by way of treatment, is to prevent them from being taken to an insane hospital. And if this, for any reason, can not be done, the next best thing is to convert hospitals into homes—cottages, or villas—and abolish all such features and appliances as might, possibly, suggest lunacy to a lunatic, or subordination to the insubordinate.

But such notions of treatment, so far as I am able to analyze them, are more fanciful than wise—more sentimental than judicious.

Sentiment has a high place in the evolution of humanity. It is something more than feeling. It is feeling and imagination integrated; organized; sometimes refined. But sentiment is not the highest intellectual attainment of mankind.

It is sweet and gentle to be interested, sentimentally, in the condition and welfare of the depraved and vicious—who are depraved and vicious because of an arrest of human development short of the higher and more complex capabilities that are essential to high, complex intellectual perceptions. Yet there is danger of sacrificing the best interests, not only of society, but of the vicious themselves, by permitting our conduct toward them to partake more of sympathy than of judgment.

So, too, it is generous and noble to be engaged in protecting the insane, and preventing insanity; but such ends can not be accomplished by mistaken kindness toward the one, or false pretenses respecting the other object.

Nature, of which we are a part, yet heed so little, is full of suggestions on this, as on all other subjects; were we but wise enough to see and comprehend them. For example—the conditions of our being are all coercive. Our environments are all restraints, imposed by nature. This world, in which we have our being and prate of liberty, is but a grand old hospital for the insane; and we are, all of us, but so many inmates, suffering limitations, each in accordance with his own infirmities, incompetences, or delusions. Incompetency throughout the universe implies subordination, from which neither love nor pity can redeem it.

The question of coercion, then, as applicable to the insane, is a question of capability and degrees; not of propriety. A question to be determined—each case by its own conditions. Needless restraint, or offensive appliances may be cruel. Failure to restrain, if circumstances require restraint, may be more so.

True Egoists, in the technical sense of the word, are the insane, for the most part. Suffering deterioration of the highest and most complex capabilities, in accordance with the law of retrogressive order, soon or late they fall below, if indeed they ever occupied the true place of Altruistic perceptions, and hence become comparatively incapable of present forbearance, subordination or self-sacrifice for the good of others, or of self prospectively.

Children or savages, according to the degree of deterioration effected by disease, or the violence of activities manifested, are the insane.

As children or savages, according to conditions, tenderly or rigidly, they must be treated, for their own good and the welfare of society.

In addition to the general restraint characteristic of hospital treatment, there are three methods in common use, by which the insane may be coerced—classified, because of the means used, as Moral, Mechanical, and Chemical.

Of moral restraint little need be said. It suggests itself, and should always be adopted, and its elements exhausted, before any other is thought of.

Moral restraint fails however—sometimes, because of the incompetency, or impatience, of persons to whom its application is entrusted. More frequently because of the impairment of organs, on the part of the insane, upon which reflex mental capabilities depend.

The popular notion that some persons are gifted with special power, by which the insane may be fascinated and controlled, is erroneous. As much depends upon the peculiarities of the insane individuals as upon the characteristics of persons attempting to control them. The insane sometimes contract, unaccountably, sudden likes or dislikes for those with whom they come in contact, and resist or yield to them accordingly.

Moral restraint should never be permitted to fail because of needless association of patients with nurses, or others, toward whom they entertain delusive prejudices of a disagreeable character.

Argument, as a general thing, is unavailing as an element of moral restraint in the treatment of the insane.

A clear, firm, kindly statement of facts, to which may be added advice and persuasion, should limit verbal communications with the insane for restraining purposes.

The insane should be spoken to, under all circumstances, candidly and truthfully, if at all. There is no excuse for deception or prevarications. Silence is a far better alternative whenever the truth had better not be spoken.

Granting and denying privileges, as incentives to self-control, pertain to this method of restraining the insane. In the treatment of the incurable, especially of such as have been repaired, but not restored; whose mental capabilities are permanently deteriorated, but not disorderly; this practice is effective and appropriate.

Rewards and punishment are, in fact, the chief elements of moral restraint by which lower human and higher brute beings are ever influenced. He may be said to have attained a lofty intellectual eminence who can see clearly other data of ethics than rewards and punishments, immediate or prospective.

But in the treatment of other insane persons, all such as, by reason of disease, are dominated by delusions—incapable of reflex ideation, pre-occupied by concepts born of centric excitations, no real good can be accomplished by such means.

Music, lectures, religious exercises, picture-shows, all of the so-called amusements that figure conspicuously in hospital reports, are subject to the same general criticism.

Mechanical restraint consists of and embraces all force applied from without, by which bodily motions are limited. The means used are strong rooms, protection beds, camisoles, muffs, mittens, straps, wet or dry packs, and the hands of attendants.

A formidable array of implements, truly; but fortunately for practitioner and patient, like bottled medicines on the apothecary's shelves, it is never necessary to prescribe all of them at the same time for

every patient under treatment. In a thoroughly equipped hospital, as supplementary to the general restraint alluded to, the necessity of special restraint has long been regarded as exceptional, and by some as altogether avoidable. Yet each of these appliances has its specific adaptableness to certain cases, and the demand now being made upon hospital physicians that all, or the greater part of them, be unconditionally rejected and destroyed, because of a suppositious temptation to prescribe them needlessly, if at hand, is based upon a pretext as unmanly as it is unreasonable. The same pretext, if valid, would compel the removal of all doors from private rooms, in which patients may be incarcerated—destroy all bath tubs, broom handles, mopsticks and towels, manacle the arms and legs of all nurses, and banish all drugs from the face of the earth; so frequently have all these been subjects of abuse, so surely will they continue to be misused under some circumstances.

The only pretext worthy of consideration for such a demand is the assumption that it is better for the insane patient to exhaust structural capability by expressing disorderly activities, than it is to conserve morbidly excited energy by restraint.

This is debatable ground. But, as the assumption can not be successfully maintained, nor perhaps refuted, by physiological citations, the questions involved can only be settled by clinical observations—and it becomes those who make the assertion, to show, by unsophisticated statistics, that there has been an increase in the ratio of recoveries of insane persons treated, corresponding to the ratio of disuse of special restraint. So far as I know this has not been done; nor can it be. An opposite conclusion indeed might be drawn from the appearance, that the ratio of

recoveries of the insane is not now equal to the ratio of forty years since, either in this country, or in Europe.

It may, also, be affirmed in behalf of special restraint, in the treatment of the insane, that in many instances, while it may not be positively beneficial, yet if not positively harmful, to the patient restrained—the benefit to other persons may justify the practice.

For myself, while I do not believe it best, to suppress all motion expressive of morbid excitation, I do believe it best, to so limit bodily motion as to prevent structural exhaustion, even though it should imply the occasional use of mechanical appliances. I say this in the face of the fact that it is claimed by eminent authority* that it is “*eminently unphysiological to restrain mere outward muscular movements while the motor energy is being all the while generated in the brain convolutions,*” because I believe expression, muscular expression even, is so intimately associated with the cerebral energization, that the one condition may be, to some extent, affected, and modified by the other. Certainly this is so, in all physiological conditions—and we are compelled to treat pathological conditions in accordance with physiological principles. Motor energy, however structurally eliminated, implies blood, in a state of activity; and is strong or feeble in accordance with the condition of structure, and the quality and quantity of pabulum furnished. The circulation of blood through the brain can be almost if not quite doubled by muscular motion. To suppose that motor energy will, or can, be generated in the brain convolutions as rapidly when the body is in a state of comparative repose, as when it is in a state of general activity, is, it seems to me, unphysiological, however it may appear to others—and the announcement of a distinguished

* Clouston—Mental Diseases, p. 142.

author* to whose pages, full of life and character, it is a delight to turn after the weariness inseparable from serious contemplation of some contemporaneous publications, that "*our great efforts in the treatment of such cases (acute maniacs) now are to find suitable outlets for the morbid motor energy, to turn the restless, purposeless movements into natural channels, to get the patient to dig and wheel barrows soon, and to walk long distances, instead of shouting and gesticulating,*" does not seem to me to be in compliance with any physiological demand looking toward cure, or conservation of energy, otherwise than as such change of direction of morbid energies into involuntary channels is, although effected by persuasion, in the nature of restraint, and ultimates in an actual reduction of muscular motion. And, if it be true, as stated by this same broad and liberal author that this turning of motor energy from purposeless movements into wheeling barrows, "*saps and exhausts the morbid energy and excitement, producing healthy exhaustion and sound sleep, vigorous digestion and healthy excitation of the skin, the glands, and the excretory apparatus generally,*" one is left still in wonderment that the ratio of recoveries is so little affected by such treatment—or indeed that any persons so treated should fail to recover.

But even this author confesses all that could be desired in the argument; by saying "*I have seen cases where restraint had to be applied to prevent the patient exhausting or hurting himself, but they are amazingly few in a well equipped asylum, with large grounds, a farm, good attendants, and plenty of them, and a padded room.*"

Conservation of energy, with "incidental protection" being the chief ends of special restraint, in the treatment

* Clouston—Mental Diseases, p. 142.

of the curable insane, my belief is that the "protection bed" properly constructed and furnished, is the least objectionable, and most generally applicable mechanism for restraining such insane persons as require more than partial or momentary restraint of any now in use. It is preferable to a strong room, because it really limits the motions of the patient's body, instead of simply hiding the patient from public observation. It is better than the camisole, or pack, because it limits the general, without embarrassing the special, motions of the body; and does not beget resistance by irritating contact with the person. The incidental protection afforded by it, is all that can be desired.

For partial, or mere temporary, restraint, other mechanisms are more appropriate than the protection bed. Any one of those mentioned, for other than momentary restraint, is preferable to manual force.

In saying what I have on this subject, I have not been unmindful of the fact that grave physiological objections have been urged against the use of the protection bed. It has been asserted, indeed, that cerebral hyperæmia, and consequent maniacal excitement, and insomnia, are increased, if not induced, by gravitation of blood to the head, as a consequence of the recumbent position necessarily occupied by the patient thus restrained.

The facts that cerebral hyperæmia and maniacal excitement are not, necessarily, concomitant:—that recumbency and sleep have been forever associated in the natural history of man—and that a general retardation of the motion of blood in the veins, and mitigation of the heart's force, resulting from muscular repose, more than compensate any possible influence of gravitation, seem to have been overlooked, or without significance, in this estimate of causes and effects.

There are persons, however, so constituted, that they are never embarrassed by, nor for the want of, facts, when presenting their view of any given subject.

Chemical restraints, consist of all such substances as are capable, when ingested, of modifying or suspending the function of sensory or motor organs. There are many known substances thus capable; first of stimulating, and subsequently of paralyzing such organs.

These substances, are not capable of entering into animal organization as nutrients: Yet they influence, when present, both constructive and destructive metamorphoses, incidental to the evolution and dissolution of animal tissues. Why? Or how? I do not know. By slowing or hastening these physiological changes, it may be?—still the final interrogatory is not answered.

Among the more reputable of these drugs are: Opium, Chloral, Alcohol, Hyosciamus, Conium, Cannabis Indica and the Bromides.

When given to restrain, specifically, they should be administered in quantities sufficient to effect the purpose fully and promptly. Inadequate doses not only disappoint expectations, but increase rather than diminish the morbid activities which they were intended to quiet. The necessities of any one person, in this respect, can not be measured accurately by the requirements of others. The quantity of medicine appropriate for each, should be ascertained by careful preliminary experiments.

As a sleep compeller, within the bounds of safety, chloral stands at the head of the list of chemical restraints. Its effects are immediate, persistent, seldom disagreeable, and pass away without alarming symptoms. Frequent repetition of its use, for a

protracted period, is not, however, beneficial, in the treatment of curable persons; and it should not be depended upon at all, in the treatment of the melancholy, or suicidal. Not because of inefficiency as a restraint, in such cases—but because of its tendency to impoverish rather than to enrich the brain.

The bromides are much less actively coercive than chloral. They are very useful, however, when judiciously prescribed. They are calmative and depressant, rather than hypnotic; and also, impoverish rather than enrich cerebral structures.

Opium has no rival in nature as a medicine. No other drug is so capable of modifying the conditions of consciousness as to relieve from pain without effecting complete unconsciousness. As a sleep-compeller merely, it is not so safe as chloral. But in the treatment of the insane, especially of the depressed, and suicidal, it is the one remedy that has maintained its good repute for many centuries.

Alcohol resembles opium in its general effects, applicability, and usefulness, as a medicine. It exerts a well marked influence over both constructive and destructive activities, affecting the various organs of a man.

With these four general agents the skillful practitioner can accomplish all that can be accomplished by chemical restraints in the treatment of the insane. It is needless, therefore, to discuss the qualities of other drugs of the class, of less merit, or reputation. As an attorney at law is bound to produce his best evidence in the trial of a cause in court; so the medical practitioner should feel obliged to prescribe his best remedies in the treatment of the sick. He needs but few, if they be efficient, and only embarrasses himself with more than are required to meet necessities.

That drugs capable of obliterating consciousness and paralyzing motion should be prescribed with care and circumspection, need not be asserted.

That medicines capable of banishing pain, without immediate danger to life, will be resorted to, needlessly and injudiciously, may be reasonably anticipated.

That the restraint effected by any drug more than simulates natural repose, is not probable. The unconsciousness effected by chloral, opium, or alcohol, as compared with natural sleep, is neither balmy nor restorative. Yet neither of these facts, nor all of them, would justify the inhibition of their use, nor furnish a manly pretext for unfavorable criticism of their merits. The quack may be despised, or the fool pitied, who misuses them—but that they have contributed largely to the comfort of mankind, if not to the longevity of the race, can not be successfully disputed.

Without such drugs, indeed, the practice of medicine would seem to me—however it might appear to others—to be as comfortless to patient and physician, as would be, to penitent and priest, the ceremonials of religion with the consolation of promised forgiveness and salvation all left out.

The clinical history of an insane person that indicates, and justifies, special restraint, includes:

(a.) Excessive and protracted voluntary muscular motion, threatening exhaustion.

(b.) Paroxysmal violence, endangering self or others.

(c.) Persistent denudation, and exposure of person.

(d.) Self-abuse, sexual or mutilatory.

(e.) Destructiveness, general or special.

(f.) Sleeplessness and somnambulistic states.

The conditions (b) and (f)—paroxysmal violence, and insomnia—call for chemical restraint. All other conditions, *moral restraint having failed*, are best met

by mechanical appliances; the rule of practice being, for all, not to persist in the use of any means found by experiment to increase, rather than to diminish, morbid manifestations, which it is desirable to suppress.

Medication of the insane, for other purposes than the restraint of morbid activities, does not differ from that pertinent to the treatment of other diseased persons. It is less satisfactory perhaps, because, apparently less successful; consequently affording less room for self-deception respecting the curative power of drugs, or the importance of the physician's office in prescribing them. The insane too, are neither hopeful nor grateful, because of the physician's efforts for their cure while under treatment; however they may be after, if restored. So that the practitioner is deprived of the aid of the subtle influences of hope, expectation, and faith in medicine, that are supposed to assist, wonderfully, when properly enlisted, in restoring the body from disease. It is needless, perhaps, to say in this connection that all medication should be directed with special reference to known or supposable conditions of the body—with the distinct understanding that it is better—far better—to “throw physic to the dogs,” than to be aiming it at a “mind diseased,” without regard to physical conditions.

The primary and consecutive physical lesions of which mental disorder may be an ultimate manifestation, are numerous, and various, but may be appropriately classified under two heads, viz.: *Lesions of construction, and Lesions of destruction*. Of some of these lesions much is known—and more may be knowable. Yet there are certain ultimate facts pertaining to the relationship of force to matter—of protoplasm to structure—and of structure to function—that may constitute the *noumenon* that will forever baffle us as physiologists, psychologists, and psychiaters as well.

Of the tree of knowledge we have partaken—but the tree of life is still guarded against our invasion.

We can, however, and it is important that we should, as a guide to prognosis as well as treatment, differentiate lesions of construction from lesions of destruction, with commendable accuracy.

The activities of the one class of lesions always precede, and if not arrested, culminate in, the activities of the other; and both often exist at the same time, in the same individual, after such culmination.

The clinical history of constructive lesions, embraces *inanition, indigestion, inassimilation, and intoxication*, represented by disorder all along the line, from the ingestion of crude materials to the dissolution of organized structures; by which the natural balance between protoplasm, structure and function, is inevitably disturbed.

The history of destructive lesions embraces the *various cachexies: cancerous, syphilitic, tuberculous, &c., atrophy: atheromatous, and other, degenerations; and all inflammations.*

These lesions, when recognized, should indicate their own treatment. The dyspeptic, tuberculous, syphilitic, toxæmic lunatic, differs only from any other dyspeptic, tuberculous, syphilitic or toxæmic patient, pathologically; in the matter of localization of morbid activities: the brain of the lunatic, or some of its appendages, always being affected, while the brains of others may be exempt.

The indications of treatment, in all lesions of construction, call for NUTRITION AND DEPURATION. Nutrition; that constructive activities may not culminate in destructive activities because of protoplasmic or structural exhaustion—and depuration; that nutrition may not be embarrassed by the presence of effete and toxic accumulations.

The remedies called for by constructive lesions are *nutrients and evacuants*.

The remedies indicated by lesions of destruction are called *tonics, stimulants and alteratives*.

When lesions of construction coexist with lesion of destruction, a combination of remedies may be appropriately prescribed.

Have we any nutrient medicines?

If medicine, as defined by Webster, is "any substance administered in the treatment of disease," we have. Fresh beef, milk, eggs, meal, water and air, are medicines *par excellence*—nutrients of the first order. Salt, sugar, fruit acids, and oils are adjuvants of great utility. Some bitter or carminative extracts, spices, wines and other table beverages, may promote nutrition under some circumstances; but they are not nutrients. No drugs proper can be classed as such. Many proprietary preparations of medicinal food—vegetable and animal extracts—pepsins and peptonoids—grace the apothecary's shelves and the advertising pages of our medical journals, but with a few exceptions they can not be trusted as nutrients, or aids to nutrition.

No definite prescription of nutrient remedies to meet hypothetical conditions, need or can be, profitably, made. Yet a nice discrimination of needs, and adaptation of food medicines to various and sometimes obscurely indicated conditions, effected by constructive lesions, are the most important feats that the medical practitioner will ever accomplish in the practice of medicine. To this end he should study cookery as well as pharmacy, and patronize the kitchen in preference to the drug store.

There are many depuratory agents, drugs proper, of the emetic, cathartic, diuretic, or other variety of deobstruents. But of all known depurators, water is the one universally applicable and indispensable agent.

Multitudes of men and women, in the midst of luxury, suffer, die, because of their habitual neglect to cleanse themselves, inside as well as out, with this universal solvent and detergent.

Water is nature's agent, and effects its ends while acting in harmony with all natural processes.

Drugs are artificial evacuants, and accomplish what they do, I know not how : but possibly, because of their own offensiveness, by arousing the various organs of elimination, excretion, and defecation, to unusual, even violent, activity for their own expulsion ; other less offensive matters that may have accumulated in the body may be carried out with them.

That much good has been, and may be, accomplished by such means, even if the theory suggested be correct, is beyond question.

It is well to remember, however, that in using them, like a spur to a jaded horse, they should only be resorted to in cases of emergency, for temporary purposes. They can not be depended upon to take the place of natural agents.

The practitioner has a large assortment of drugs of this class to select from, but he who knows how to use calomel, ipecac and the potassium salts, can accomplish all that can be accomplished in the line of their usefulness.

In the treatment of the insane, if under absolute control, the use of water should soon obviate the necessity of resorting to drugs as depurators at all.

A proper use of water, in the treatment of the insane, implies something more than filling a pitcher, bucket or tank, periodically, and leaving it within reach of patients through the day : or ordering a general bath Wednesdays or Saturdays—afternoon. It implies, indeed, knowledge, tact, sensibility, and patient watch-

fulness, on the part of those directing its use. If the sane can not be trusted to use water intelligently for their own good—how can the insane be trusted?

Neither can general attendants or nurses be trusted, under all circumstances, to do their whole duty; however well instructed in a general way. The best of them require constant supervision and special instructions to meet the necessities of special conditions.

Eternal vigilance is not only the price of liberty—it is the price of success, in the treatment of the insane.

Observant of everything, the hospital physician should be particularly sensitive to, and careful respecting, little things—things that are likely to be overlooked, or disregarded, as “little,” by the insensitive, indifferent, or ill-bred. And there are such—I grieve to say so—in this broad land of freedom and democracy—persons, for example—I have seen such prescribing for the sick; who would smile incredulously, or derisively, at the protest of a patient alleging inability to drink from a cup, or dip from a bucket, used in common by the patients of a hospital ward—or complaining of loss of appetite, and inability to eat, because of offensive odors, or the disgusting appearance or habits of table associates. I have known persons, also, employed in hospitals, in official positions, who could not comprehend the delicacy of feeling that would cause a person of refinement, even when insane, to shrink from bathing in company—two or more persons occupying the same tub, and water, and using the same towel—notwithstanding the impatience of attendants, required to bathe a certain number of persons within a given number of hours. But such persons, it is needless to say, are unfit for hospital service; and such “little things” are too important to be pooh poohed, or neglected, in the treatment of the

insane. They are quite as important, indeed, to be known of, and attended to, as is the occasional necessity for, and skill in the use of the stomach tube for involuntary alimentation; or the voting qualification of appointees of political hospital Boards.

A continuously full supply of air is essential to purification of the human body. Nature cremates—oxidizes that which has served its purposes in organization—reducing it to more primitive conditions. A certain amount of motion contributes, also, to the changes involved in the processes of nutrition and depuration.

Exercise in the open air, is therefore, a natural suggestion of great value, which should be acted upon, as not only wise, but authoritative. When, how, and to what extent, exercise should be performed, are questions to be determined by special considerations—requiring knowledge and discretion for their solution.

Massage, intelligently prescribed, and performed, is useful, beyond question, for patients incapable of voluntary exercise. But, like electricity, in the hands of innocent, or designing, ignorance, it is more likely to be harmful than beneficial.

Occupation—labor, study—are being recommended and urged, as remedial agents in the treatment of the insane. For the custodial classes including the convalescing, there can be no doubt of the propriety and usefulness of such elements of treatment.

By, or with, the methods and means thus suggested, and variously adapted to the wants of individuals; together with all of the details of intelligent nursing; all of the insane that are practically curable; if treated, may be expected to recover within a reasonable period—the greater number within six months from the beginning of treatment. Possibilities, however, remain for a long time, in some instances, to encourage the prac-

titioner. In all cases, indeed, until constructive disorder shall have culminated in destructive processes—after which the patient may be pronounced decisively incurable. This proposition, possibly, may not pass unchallenged.

Are there not, also, reconstructive activities and processes? May not destruction be arrested? And injured structures be repaired? Restored?

Arrested? Yes. Repaired? Yes. Restored? Never. Destructive processes are only arrested by an interposition of more stable, hence less complex, structures: accomplished by reconstructive activities—never by reproduction of original tissues—however slight the deterioration. The ratio of stability of all organized bodies being inverse to that of their complexity.

Of medicines considered appropriate for the treatment of lesions of destruction, there are, also, many. Iron and arsenic are the most useful tonics. Cinchona and nux vomica are admirable stimulants. Iodine and mercury have long maintained their reputation as alteratives. With these representatives of their classes the skillful practitioner may consider himself fully equipped. That the action of these, or any other drugs, is directly curative, or accomplishes more than an occasional turning of the balance of vital activities in favor of reconstruction, is not to be presumed.

A happy response of the ever delicate and oscillating scale of organization to medical influence, that occasionally rewards the efforts of the rational empiric, is the one fact that justifies continuation of experiment in the use of drugs, and saves the more intelligent physician from out-and-out infidelity respecting their virtues as healing elements, in the practice of his profession.

The therapist is but a helper after all. He can not create. He can not renew. The boasting Paracelsus

died. So do we all. We can modify physical activities to a limited and always uncertain degree, by affecting physical states, but we can not divert natural processions by any possibility from lines established by material conditions.

Were we more accurately and fully informed respecting the relations of structure to activities and phenomena; generally and specially; and the definite relation of drug-force to constructive, destructive, and re-constructive, activities; we might hope to effect much more by medication of the insane than is now possible.

All pretense of scientific psychiatry must rest upon such a basis of information.

If any one is disposed to criticise his own pretensions as a psychiatrist, in the light of this fact, let him do so. There is consolation for him, however, and for us all, in the fact that rational empiricism is but one remove from science—that it is the ground from which science springs—and that we, as tillers of this ground, have cleared the field, which psychology and psychiatry may some day occupy as sciences, of much rubbish—the *débris* of ages—and have sown some seed that even now is germinating, with promise of future growth.

And so, having sketched the outlines of that which appears to me, in the light of present knowledge, to be a rational treatment of the insane, without alluding to obsolete, or discussing doubtful, practices; knowing full well how limited are its recommendations and how unassuring its promises, I beg leave to submit this report, and ask that my learned colleagues be held not responsible for any of its deficiencies or errors.

To which I desire to add the confession, that after forty years devotion to the study and practice of medicine—fifteen in constant contact with the insane—having experimented through a wide range of theories and

practices, from the rationalism of SYDENHAM to the transcendentalism of HAHNEMANN—I am less confident now of my ability to cure, or to materially aid in the cure of, diseased conditions, than I was in the earlier years of my apprenticeship.

I am also convinced that the more one knows physiologically, and historically, of himself—and all other beings of the kingdom of nature of which he is a part—and the clearer and more comprehensive his perceptions of the relations of parts to wholes—of the unity in which all variety must ultimate—the oneness of the universe toward which all matter is being perpetually moved, through endless specializations, by all forces—with the inevitableness and accuracy of omnipotence guided by omniscience—the less arrogant will be his pretensions as a healer of disorders, of whatever character. And if not finally devastated by the skepticism that comes of unlimited liberty of investigation associated with limited capabilities of comprehension; a disaster to which small men are liable; the more and more will he become impressed with the importance of science as a result of the generalization of knowledge—and the less and less will he be influenced by the merely notional, sentimental, or fashionable, in the practice of medicine.

REPORT ON NEW REMEDIES: *

PARALDEHYD, NITRO-GLYCERIN AND JAMAICA DOGWOOD.

BY J. B. ANDREWS, M. D.,

Superintendent of the Buffalo State Asylum for the Insane, Buffalo, N. Y.

PARALDEHYD.

This late addition to therapeutics was first introduced to the Italian medical profession by Cervello, of Palermo, and in September, 1882, was reported upon by Morrello and Bergesio at the meeting of the Italian Medical Association.

Paraldehyd is formed from an aldehyd or dehydrogenated alcohol by the action of an acid, either acetic, nitric, sulphuric or sulphurous. It may be fairly called an exaggerated aldehyd, as its molecular composition is a multiple by three of the latter: aldehyd being represented by the symbol C_2H_4O , and paraldehyd by $C_6H_{12}O_3$. When acted on by chlorine it is said to be converted into chloral.

It is a colorless liquid having a peculiar penetrating odor and a pungent, unpleasant taste, which disappears more slowly than that of either ether or chloroform, and is more marked than that of spirits of nitre. It has a specific gravity of 0.998, boils at a temperature of 225° F., and is miscible in eight times its bulk of water. The sensible properties of the drug can be appreciated better from the sample here presented than from any description, and this will verify the statements made regarding the odor and taste. It is recommended by the Italian observers as a sedative and hypnotic, and it has thus been used.

* Read at the Annual Meeting of the Association of Superintendents of American Institutions for the Insane, held at Philadelphia, Pa., May 13, 1884.

The claim is made for it, by others, that it possesses all the good qualities of chloral, and is without its dangers: that it acts first on the cerebral hemispheres without the preceding excitement so common to sleep-producing agents, and subsequently affects the medulla and the cord; that in fatal doses it paralyzes the respiratory center and the action of the heart ceases after the respirations: that its effects as a hypnotic are not so persistent as chloral, but can be maintained by the repetition of sufficient doses; that no ill effects, no after nausea, depression, or headache have been observed to follow its free administration.

Such in substance is the character given the drug by the editor of the *Medical News* of Philadelphia, on introducing it to the American profession. This is presumably founded upon the experience of the Italian reporters. They prescribed it in several forms of disease, in insanity—in acute mania, dementia paralytica, hysterical paroxysms—in insomnia, and in other nervous disorders. From its use in these conditions varying from simple sleeplessness to the disturbance of mania the conclusions just stated have been drawn.

Another quality of the drug discovered and reported by Cervello is, its antagonism to strychnia. This was shown by experiments on rabbits. Two and one-half grammes of paraldehyd, antagonized four milligrammes of strychnia, a dose four times greater than was necessary to kill. The administration of strychnia, however, had no effect on the narcosis produced by the paraldehyd. The antagonism is not reciprocal but seems to be central, paraldehyd depressing and strychnia exciting the irritability of the cord. (*Medical Record*, November, 1883.)

In this country Dr. C. L. Dana, of New York, and Dr. J. C. Wilson, of Philadelphia, and Dr. J. R. Uhler,

have reported their experience with paraldehyd. (See *Med. Record*, August 25, and *N. Y. Medical Journal*, December 15, 1883, and *Journal of Am. Med. Association*, May 3, 1884.) Dr. Dana first tried it on a pup six months old, giving a gramme by the mouth. After exhibiting some excitement, with increase of pulse from 130 to 200 beats to the minute, and labored respiration, in twenty minutes, it lay down and slept for about two hours. After proving its innocuousness the drug was prescribed in a number of cases, thirteen of which are reported. In nine it was given for insomnia, in two for its general sedative effect, and in two as an anodyne in neuralgia. In six cases it acted well as a hypnotic, in two it was helpful, and in one it failed. In sciatica and supraorbital neuralgia it caused relief of pain temporarily; as a general sedative in nervousness it acted remarkably well in one case, and gave some relief in the other. The dose employed was from 3ss to 3i, and there were no bad after effects. Dr. Dana thought it was a somewhat less sure and powerful hypnotic than chloral, and though it was more disagreeable to the taste, it had the advantage over chloral of being safe, and would prove useful when that failed, or was for any reason contraindicated.

Dr. Wilson prescribed it in nine cases as a pure hypnotic. In one hysterical patient it acted well for a short time, but lost its effect and was discontinued. In a patient sleepless from protracted watching it procured prompt and refreshing sleep. In another case it was abandoned on account of the nausea produced. In a patient suffering from sleeplessness and depression following a debauch, after chloral and bromide had failed, it produced refreshing sleep in 3i doses, for seven hours. The next day, after having taken a dose and been awakened, a repetition of the dose produced sleep.

The other cases were sleepless from ordinary causes, and were all more or less fully relieved. He thinks an increase of the dose is speedily required, and while paraldehyd is a valuable addition to sleep-producing remedies, it will neither supercede chloral, which it resembles in its effects, nor any others among them.

Dr. Uhler, under title of "Paraldehyd, Sugar, and Germ Disease," after giving the chemical composition, sensible properties and dose, describes the effect of the remedy as follows: "The sleep occasioned by this agent is not usually so profound as that induced by chloral, but when the latter causes unpleasant effects, or the patient has to use a sleep producer for a long time, paraldehyd is a very efficient aid. It does not cause excitement in the early stage of its action, nor is the heart interfered with, and altogether it appears to be a safer remedy than other hypnotics." He reports its use in a case of dread of sleep, and also in one of melancholia with obstinate wakefulness and strong suicidal tendencies. In the first ʒss acted as well as the same quantity of chloral without depression, nausea or other unpleasant effect. In the case of melancholia, the remedy was given in from ʒss to ʒii doses, and produced sleep of some two hours' duration. He says: "I have also given it in phthisis, measles, neuralgia, diphtheria, spasmodic croup, and a supposed case of whooping cough, with the most prompt and gratifying result." Upon the antiseptic properties of the drug he remarks: "Some experiments that I have tried seem to indicate that strong paraldehyd has antiseptic properties resembling the substance from which it is made. A piece of raw beef kept in the pure material shrivels, hardens and whitens, but does not perceptibly decay, and under the microscope shows an appearance somewhat like that which alcohol or acetic acid produces." "Fragments of

raw beef were also suspended from the bottoms of corks in bottles, so as to be surrounded by the vapor of pure paraldehyd and paraldehyd mixed with water, and seemed at moderate temperature to undergo little or no decomposition." Again: "Yeast mixed with an equal quantity of paraldehyd does not ferment cane or grape sugar solution in four or six days respectively." Altogether, though not yet through with the investigation, the following conclusions seem warranted regarding the antiseptic qualities of the drug:

1. "Strong paraldehyd either destroys entirely or greatly delays the fermentation of yeast."

2. "Its activity seems to approach that of the substance (alcohol,) from which it is derived, therefore less than 20 per cent in a fluid will not entirely prevent fermentation."

3. "A certain amount of time and contact is required, hence it is not quite so active in the gaseous as in the more concentrated liquid condition."

4. "Ammonia is not given off from urine in which it is dissolved during five weeks."

5. "It dissolves cholesterine and other constituents of gall stones, but not so well as ether or boiling alcohol."

6. "It hardens muscles lying in it or subjected to its vapor, even in the presence of water."*

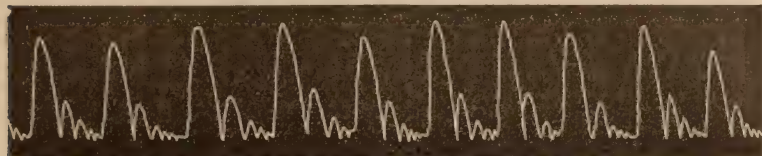
With this introduction giving in short detail what

*Since writing the article I have noticed a report translated from the German of the use of paraldehyd in delirium tremens. It had been tried with gratifying success in three cases. "In every instance it proved a prompt hypnotic and in no instance were unpleasant symptoms produced. The dose was usually given with twice or three times the same amount of tincture of orange peel or the syrup of orange peel, or in about one-eighth of a litre of sweetened water, the whole making a mixture against which the patient's befuddled sensorium did not rebel. The author considers paraldehyd absolutely free from danger, even in doses of six or eight grammes."—(*N. Y. Med. Journal*, June 7, 1884.)

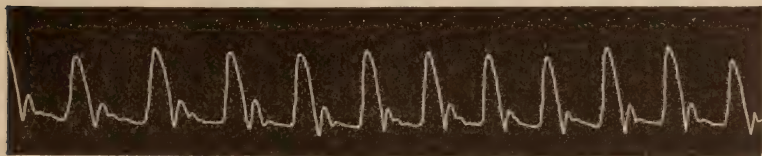
has been written in American journals upon the use and action of the remedy, we pass to our own experience.

In September last we obtained a portion of the first importation, and the first dose employed, ζ ss, was taken by myself. The pulse beats numbered 84 per minute. No effect being experienced from this dose, after a half hour ζ i more was taken, followed after the same interval by drowsiness and sleep. This was pleasant and natural and continued till I was awakened in about fifteen minutes by counting the pulse, and the taking of a sphygmographic tracing. The pulse beats had fallen to 72'. The sensation was like that when aroused from normal sleep, without headache, nausea or any disturbance referable to the medicine. The next day another experiment was made with ζ ii of the paraldehyd. It was taken in the afternoon, two and one-half hours after eating, and while the process of digestion was at its height; the pulse numbered 96. In a half hour I was overcome by sleep which was natural and profound and lasted for thirty minutes. From this I was readily awakened by being spoken to. Pulse 74. After this was quite drowsy, but the inclination to sleep was resisted. No nausea or disturbance of appetite for supper was experienced. The peculiar penetrating taste, and odor of the breath continued for some hours. Experiments with ζ ii doses were subsequently made in five other persons. In three of them the medicine had no hypnotic effect. In one this was quite marked; and in another a sleepy feeling only was experienced. The most characteristic tracings exhibit a noticeable change, the heart's action is stronger and the arterial tension is reduced. The pulse fell from 72 to 68 beats per minute. After these, experiments were made with ζ iii doses. In one

instance, a case of inebriety that had been in the asylum some two months, the pulse before taking the paraldehyd stood at 88, and the heart's action was full and strong.



Immediately after taking it the face was slightly flushed and a feeling of warmth experienced in the stomach. In fifteen minutes pulse was 100, in thirty minutes 104, and the patient was drowsy and yawning; tracing shows reduction of arterial tension and a diminution of



aortic wave and of diastolic. In forty-five minutes he stood up but felt obliged to sit down, and in one hour was decidedly sleepy; said he felt drunk in his extremities but simply sleepy in his head. He undressed himself with difficulty, got into bed like one intoxicated, and slept profoundly all night. In speaking of the experiment afterwards, he said he could only compare the effect to that of some stimulant which had affected his muscular power but not his intellect. There were no unpleasant after results, but the odor of the breath was characteristic and persisted during the following day.

Another experiment was made with a ʒiii dose in the person of an attendant. The pulse before taking the paraldehyd stood at 88. In ten minutes an agreeable warmth was experienced in the stomach which gradually extended to the extremities, and was compared

to the effect of a full drink of brandy. He soon began to yawn and to complain of being sleepy; pulse stood at 80. In thirty minutes fell fast asleep while pulse tracing was being taken. This indicates lowered tension. He continued to sleep and after an hour his pulse beats numbered 76. He was aroused and assisted to bed, his gait being shuffling and unsteady, decidedly intoxicated, but he could reply intelligibly to questions. The next morning he said he slept soundly all night, but felt as if he had been dissipating. In none of these cases was there any change in the number or character of the respirations, nor was there nausea or other unpleasant effects.

An effort was made to disguise the taste of the medicine while making the physiological experiments by the use of Elix Val. Ammonia, and syrup of ginger and the like, but the result was not satisfactory. The pungency was not covered, and when water was added the size of the dose, a half tumbler, was too bulky to be readily taken. Cold water was subsequently used as in administering chloral.

We now pass to record the cases in which paraldehyd was given to patients to induce sleep.

CASE 1. Woman, with chronic melancholia, a resident of the asylum for more than two years, sleeps very poorly under any form of hypnotic. Had taken morphia, chloral, bromide, hyoscyamus, and lastly dogwood, without any satisfactory result. Given ss of paraldehyd; awake at 10, 11, 12, 1 and 4 o'clock. Next night dose increased to ss ii. Awake at 10 and 4 o'clock and complained of nausea from medicine. Next night was awake from 11 to 3, and had so violent a headache that it was discontinued.

CASE 2. Woman; recent case of melancholia; just admitted. Had been awake all night for two nights; given paraldehyd, ss i, slept all night; second night

awake from 12 to 4; third night vomited the medicine and slept none; fourth night, retained medicine but slept none. It was then discontinued.

CASE 3. Woman, with chronic mania; noisy part of the night for weeks together; given $\mathfrak{3i}$, and slept all night; next night, noisy after 4 o'clock; third night, noisy from 1 o'clock until morning. Medicine discontinued.

CASE 4. Woman, with chronic mania; a noisy, violent patient, who was often out of bed pounding on the door. At 10 P. M. was given $\mathfrak{3i}$, and slept all night. Under the same dose slept the next two nights till 4 o'clock. Medicine was discontinued for one night, and patient was awake and noisy all night. It was then resumed in $\mathfrak{3iss}$ dose, and she slept quietly all night; the second night she slept but three hours, but the two following nights till early morning; the fifth night was awake from 2 o'clock. The medicine was suspended and no sleep obtained. The following night it was resumed in a $\mathfrak{3ii}$ dose, and continued for three nights with good effect. It was then stopped and the patient was noisy the whole night.

CASE 5. Woman, with chronic mania, with periods of marked disturbance. She had been reported awake for several nights; given $\mathfrak{3i}$ and slept till 3 o'clock. Again under the same dose slept till midnight, and under its repetition till 4 o'clock. The next night the same doses were given, and patient was awake from 2 to 3 o'clock. She slept all the next night under one dose; the night following had no sleep; on the second night slept well; on the third till 2 o'clock, and the last night the medicine was given, all night. The paraldehyd was then discontinued, and quiet sleep followed, the paroxysm of disturbance having passed.

CASE 5. Man; a noisy paretic who had been well controlled during the day, and had slept well on $\frac{1}{10}$ gr. of hyoscyamin (uncrystallized,) given in the morning and repeated at bedtime. For this was substituted \mathfrak{z} iss of paraldehyd, given as a sedative during the day, and a hypnotic at night, without any favorable result. He continued noisy and sleepless day and night. The medicine was discontinued, and the former dose of hyoscyamin given, with the result of his being quiet during the day, and gaining sleep at night. The next night paraldehyd was given, \mathfrak{z} i at bedtime, and another at midnight without producing sleep. Returned to the hyoscyamin with the former good effect.

CASE 7. Another noisy paretic; usually slept about one-half the night; the remedy was given in \mathfrak{z} i dose for several nights without any appreciable effect.

CASE 8. Man; recent case of melancholia. The night after admission slept none; the second night slept till 4 o'clock under \mathfrak{z} ii of the drug. On same dose was awake all the next night. The medicine was then increased to \mathfrak{z} iii, and patient slept well for four nights. Chloral was then substituted in xxx gr. doses, with equally good effect. After two nights the paraldehyd was administered in \mathfrak{z} ii doses, and gave good sleep all night.

CASE 9. Woman, an opium taker, and an epileptic, just admitted. The first night slept none. The second night given the paraldehyd \mathfrak{z} i, and slept all night; next awake two hours; the third night no sleep; then gave \mathfrak{z} ss and patient slept well for two nights. Changed to chloral and bromide aa xx grs. with same good effect.

CASE 10. Woman, case of mania; new patient. Given dogwood \mathfrak{z} i, without effect; then gave paraldehyd, \mathfrak{z} iss, and patient slept well all night. This was continued for three nights with the same effect.

We have presented nine cases in which paraldehyd was given experimentally for its physiological effect, and ten in which it was given clinically as a hypnotic. It was given in doses from $\mathfrak{z}i$ to $\mathfrak{z}iii$, alternated with other hypnotics, and again discontinued, that we might not be misled as to its effects. It was given in each case long enough to enable us to form an opinion of its merits. The physiological experiments show that even large doses are not capable of producing, with certainty, a hypnotic effect.

In five of the clinical cases the results were satisfactory, sleep being produced under such circumstances that it might fairly be attributed to the medicine employed. In five of them no benefit was derived from the use of the drug. When in the physiological experiments $\mathfrak{z}iii$ were taken the effect was like that of a stimulant in narcotic dose. The smaller doses, when any effect was produced, gave pleasant and natural sleep.

The effect of the medicine was at its height in from thirty to forty-five minutes after being taken. It is thus less rapid in its action than chloral.

No effect on the respirations were noted in any instance, and there was no initiatory excitement. There was no constant effect on the number of the pulsations. In some instances they were increased in frequency and in others reduced.

It occasionally produces nausea, and the taste is decidedly unpleasant and persistent. The experiments of Dr. Uhler prove that like chloral, paraldehyd, has such antiseptic properties as may render it useful in the treatment of certain forms of disease.

The substitution of other hypnotics with equally favorable results prove that, at least in the cases tried, paraldehyd has no special advantages to recommend it.

While acknowledging that it possesses hypnotic power, we fail to discover any quality which makes it superior or even equal to other sleep-producing remedies that are in constant use. The taste of the drug, the difficulty in disguising it, and the large amount of water needed to dilute it so that it can be taken, and the further fact that it does not supply any demand not already met by other agents will, in my judgment restrict, if not altogether prevent its general use in either private or hospital practice.

NITRO GLYCERIN OR GLONÖIN.

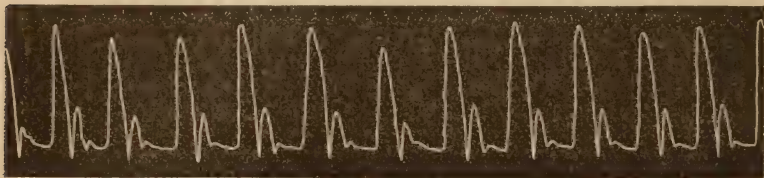
This substance, discovered in 1847, was not made the subject of therapeutic experiment until some twenty years later. The sensation experienced by the investigator were of such an unpleasant character as to discourage at that time any further examination of its medical qualities. Others subsequently made trial of it, but it was not brought prominently before the profession until a few years since, when Dr. Müller, of London, discovered the most important application of it, as a remedial agent in angina pectoris. Since then its properties have been studied by a number of observers, especially among the English, and their labors recorded. It has been employed with the most success in abnormal conditions of the circulatory apparatus, and in diseases depending upon these. We have in the list, cases of angina, of weak and dilated heart, of valvular disease, disease of the vessels, albuminuria, chronic Bright's, asthma, migraine, epilepsy and some forms of insanity. There is great unanimity among those who have written upon the subject as to the sensible effects of the drug. In proper medicinal dose it produces flushing of the face, throbbing of the carotids, with a sense of fullness, especially in the

frontal region, and sometimes intense headache. This symptom may be lessened by continued doses, and finally disappear, though occasionally it is so severe as to lead to the abandonment of the drug. The pulse is quickened and the action of the heart increased in frequency and in force. In fatal doses death results from paralysis of the pneumogastric.

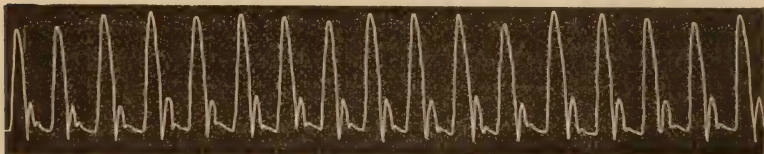
The theory of its action is, that it reduces the arterial tension by paralyzing the vaso motor nerves, and thereby dilating the blood vessels. By lessening the labor of the heart in forcing the blood through tense and rigid vessels, it increases the force and power of that organ. It has been suggested by Dr. Bartholow that this effect is also due to the inhibition exercised by the pneumogastric nerve. The experience of those who have investigated the action of the remedy tends to establish the truth of the theory. It is confirmed by experiments and sphygmographic tracings presented in this short paper. In the first place, I have to report a few cases in which the drug was given solely to investigate its physiological effects. Secondly, the results obtained in dementia, especially in the cold and congested extremities, which mark this form of mental disorder; and, thirdly, in epilepsy.

The first tracings taken were from the pulse of a man about 50 years of age, whose arteries are sound and healthy and the action of whose heart is strong and normal. The pulse beats 92 to the minute, and the tracing is a characteristic one. It shows a full and strong systolic heart beat with an artery of low tension and well marked diastolic wave. Glonoin in 3m. doses was given and in two minutes the pulse beats were 104, and a feeling of pressure in the frontal region was experienced, and in five minutes the head felt puffed up and dizzy. Pulse tracing shows increase of beats and a lowering of tension.

CASE 2. A young man 24 years of age, with strong heart and healthy arteries with low tension, pulse beat 84, dirotism, and respiratory wave well marked.

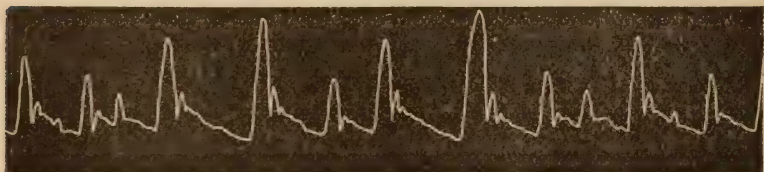
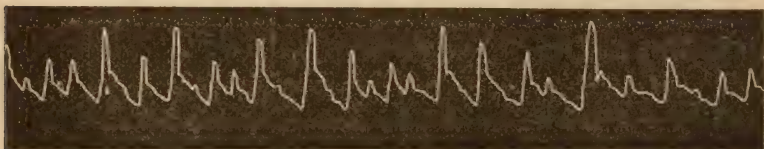


Given 3*m.* glonoin, pulse beats 100, tension lowered; systolic beat stronger and more accentuated. In both of these persons the heart's action was healthy and normally



strong and full, hence the difference in force of the beats is less noticeable than in weak hearts as in diseased conditions; either dilatation or valvular defects.

The following tracings illustrate the action of the drug in a case of disease in which it is of special



value. These are from the artery of an old man with weak heart and irregular action, whose arteries are firm and rigid. The influences of the drug are noticeable in

the increased force of the heart and in the lowering of tension. It relieved the pain about the heart and the discomfort of breathing, and promoted a marked sense of well being. In a case of mitral insufficiency the glonoin proved of benefit in relieving the heart of a portion of the resisting power of the arteries. I do not enlarge upon the use of the drug in this field in which it has proved especially beneficial, but would refer to the articles written by Dr. Greene, in the *English Practitioner*, for February, 1882, and by Prof. Stockton, in the *Buffalo Med. Journal*, for March, 1884.

In cases of dementia it was tried in doses of from 1 to 15*m.*, and the effect upon the number and character of the pulsations particularly noted. The results of these experiments I have formulated as follows. In doses of from 1 to 10*m.*, the pulse beats were increased from 12 to 16, and in doses from 10 to 15*m.*, from 20 to 32. The form in which the medicine was given was the one per cent alcoholic solution. There was in none of the cases of dementia experimented upon any complaint, or evidence in the bearing of the patients, of headache or other unpleasant feeling, or any change in the respirations. The power of the drug was at its height in from three to five minutes, and the influence on the pulse disappeared in most cases in twenty minutes and in all cases in half an hour. The sphygmographic tracings showed the same changes as have been already noted, and sustained the theory of its action. After having carried it up by gradually increasing doses to 15*m.*, it was given three times a day in 3*m.* doses for weeks together, but without any *permanently* perceptible effect, either mental or physical. Remembering that as it dilated the blood vessels, increased the force of the heart's action and produced a sensation of warmth through the body it

occurred to me to watch the effect on the cold and congested extremities of demented. Some strongly marked cases were selected and the remedy given for prolonged periods. In some instances it exercised a notable influence, the deep venous blue color was changed to a reddish blush which could best be compared to that of oxygenized blood and the extremities acquired a more normal temperature. The change, however, was but temporary and continued only while the medicine asserted its influence on the pulse.

We subsequently made experiments on a number of melancholics with single doses of 2 *m*. They were patients who were able to indicate the sensations produced by the remedy. The effect on the pulse was the same as before stated. The normal pulse increased from eight to twenty beats, and there was complaint of fullness and sometimes of pain usually located in the frontal region, or of dizziness which was at its height in from three to five minutes, and disappeared with the immediate influence of the drug.

To test its value in *Epilepsy*, I picked out four cases, two among the men and two among the women, who seemed likely to derive benefit from glonoin. It was given in 3 *m*. doses three times a day, and continued for from four to six weeks.

The record of the number of fits in each case for the month preceding the giving of the medicine was compared with those recorded during the month when it was taken. In each case the number of fits was greatly increased, the average of the month while they were taking the remedy, being more than double that for the previous one, and in one instance a series of thirty-two convulsions followed each other in quick succession. These, however, were not counted in making the comparison. We did not feel justified in continuing the

medicine longer. In one case of severe neuralgia the drug was given in 2*m.* doses, for about two weeks, and repeated three times a day. After every dose the patient was so dizzy that he was obliged to lie down for a period of twenty minutes or more, but did not derive any benefit in the relief of pain. Great toleration is sometimes shown, and the dose has been carried to a degree which would probably have proved fatal on first administration. A medical friend gave ʒss of the 1 per cent. sol. every four hours, in the case of an old man over eighty years of age, who was suffering from angina, for a period of several days. It proved efficacious in controlling the anguish of this disease.

The conclusions from the experiments are as follows:

First. They sustain the theory given of the action of nitro-glycerin.

Secondly. While it is claimed to be of value in mental disease in the form of dementia, it has no beneficial influence further than in temporarily relieving the congestion of the extremities.

Third. That in many cases of Epilepsy it has a positively injurious effect.

JAMAICA DOGWOOD,

(*Piscidia Erythrina.*)

The therapeutic properties of this drug were first brought to the notice of the profession by Dr. William Hamilton, of England, in a communication to the *Pharmaceutical Journal*, in 1844. He speaks of it as a powerful narcotic capable of producing sleep and relieving pain in an extraordinary manner. In 1880, Dr. James Scott published in the *Therapeutic Gazette* a few notes on the use of the drug as a substitute for opium in the treatment of a class of lunatics

characterized by excitement and restlessness, which morphia and other preparations of opium had failed to control. The effect as described by him was remarkable. In some cases sleep was produced, and on awaking the patient was comparatively tranquil and quiet, while in others of a more severe character it was necessary, at short intervals, to repeat the dose until the narcotic effect was manifest. Such was the sum of knowledge of the drug when a preparation of it was furnished the medical profession by Parke, Davis & Co., of Detroit. Since then it has been prepared by other pharmacists. Reports have been made, principally upon its anodyne properties, in the relief of pain, in the various neuralgias, and last year the Association listened to a paper by Dr. Gale upon its use as a hypnotic. The experience of some of the members was also given, and after referring to a very limited use of the drug I promised to investigate the subject further.

In making physiological experiments, I took 3i of a fluid extract, the dose of which was given as from xv. to xxx. m. The taste was readily and well concealed by syrup of ginger. When taken the pulse beats were 76, and no change occurred during the progress of the experiment. No sensation of any kind that could be referred to the medicine was experienced. Quiet was observed, and every advantage given for the hypnotic effect of the remedy. I continued reading for two hours, from 10 to 12 P. M., but no hypnotic influence was realized.

Two drachms were subsequently given to a man, a quiet case of chronic mania. The pulse stood 80; sphygmographic tracing taken. After ten minutes pulse beats were 72, complained of some nausea. After thirty minutes pulse beats continued at 72, and tracing taken gave no characteristic change. No effect on

respirations and no hypnotic influence was observable.

A quiet case of melancholia was given \mathfrak{z} ii of dogwood, pulse was 84, and tracing taken. In ten minutes pulse was 92, and so continued. In thirty minutes complained of nausea. Tracing again taken but no change from action of medicine and no hypnotic effect was experienced.

In Clinical Experiments.—A woman; case of melancholia, with periods of sleeplessness and disturbance, began with xv m. of the dogwood, and as no effect was obtained the dose was rapidly increased till \mathfrak{z} iss was given, under this sleep was induced. The remedy was given for a week with satisfactory results, then the patient became quiet and slept without use of any remedy.

A woman; case of melancholia, with persistent sleeplessness began with xxvm. The dose, as before, was increased to \mathfrak{z} iss. For several nights she slept poorly, being awake for from two to five hours, but afterward slept well. The drug was continued two weeks with satisfactory results.

A paretic, man, quiet, but sleeping poorly, was given \mathfrak{z} ss doses. Slept well for three weeks, and continued so to do after medicine was discontinued.

A woman with acute mania was noisy and sleepless. She was given dogwood \mathfrak{z} i, and this was continued for four nights without effect, as she was out of bed and noisy. It was then discontinued, and \mathfrak{z} iss of paraldehyd substituted, when she slept all night.

Two more cases, women with acute mania, both violent, noisy and sleepless. Began with \mathfrak{z} i of dogwood without effect, increased to \mathfrak{z} iss and subsequently to \mathfrak{z} ii with same result. For two nights they slept well, but after this no benefit was obtained from use of the same dose. A strict record was kept for two

weeks, they were noisy and awake from three to six hours—result unsatisfactory.

The remedy was employed in other cases, but the record was not kept with such accuracy as to warrant reporting them in detail. Of its anodyne effect I can not speak, as we have not used it for the relief of pain.

The conclusion reached from the employment of the drug is, that in the physiological experiments no results were obtained: that clinically dogwood is a hypnotic of uncertain power, and that to gain any benefit it must be given in much larger doses than are recommended by the makers, from \mathfrak{z} iss to \mathfrak{z} ii. That in such doses it frequently produces nausea. That it is not a remedy to be relied upon in the sleeplessness of insanity. It may, however, prove useful in some nervous and hysterical cases where opium is contraindicated.

ON ASYLUM LOCATION, CONSTRUCTION AND SANITATION.*

BY S. S. SCHULTZ, M. D.,
Superintendent Hospital for the Insane, Danville, Pa.

An honest man is said by the poet to be the noblest work of God. If we expand the present idea attached to the word honest, by bringing back to it some of its more original meanings, as for instance, suitable, fit, I think we may, without extravagance, say that an honest hospital is the noblest work of man. In its planning, construction and the establishment of its surroundings, all his best endowments may find scope for exercise and development. His best judgment and skill, as well as those elements of his nature which draw their inspiration chiefly from the future and from above, have in this work abundant room for play.

The principles which should control the location of an Insane Hospital, are so plain and easily understood in the abstract, that their simple enunciation receives general assent; but their application in practice will give rise to many debatable questions, for few localities, if any, can unite all the desirable characteristics, and choice must be made of that one which appears to combine the greater number of those most essential. There are some whose absence should always be considered fatal to any place, no matter what else may be present to recommend it.

It should be in or near the center of the population to be provided for; selected, also, with reference to lines of

*Being the Chairman's report of the Committee on Asylum Location, etc., read at the Annual Meeting of the Association of Superintendents of American Institutions for the Insane, held at Philadelphia, Pa., May 13, 1884.

travel and of transportation, making it easily accessible to persons having business with it, or for bringing supplies to it. If too near a town (within one and a half or two miles) the outdoor movements of the inmates will be injuriously interfered with or restricted, and undesirable visitors invited. If too remote (more than three or four miles) employes will be less readily obtained or kept. This is especially true of the necessary mechanics. If the town is small the location may be nearer; if large, it should be more remote. It should be possible conveniently to have repairs made in all departments of the building.

A supply of wholesome water to the extent of one hundred gallons per day for each patient, should be secured beyond the least peradventure.

The character of the soil and the inclination of the surface should be such as to make thorough subsoil and surface drainage sure and economical.

Whether the sewage is to be wasted into a natural water course or used as a fertilizer, no hospital should ever be placed where it can not be easily disposed of without either poisoning the hospital population, or becoming a nuisance to the neighborhood.

The purity of the atmosphere from natural or manufactured poisons or unpleasant admixtures, must not be overlooked.

No hospital for the insane, however limited its capacity, should have less than fifty acres of land in its absolute control or ownership, surrounding the buildings; nor less than half an acre per patient when its capacity is greater.

A varied and extended landscape, suited to awaken pleasurable emotions in the healthy mind, exerts a soothing and healing influence on the insane, and such an advantage should not be forgotten or ignored when determining the site of a hospital.

If it is admitted, on all hands, that a civil architect could not lay out a fort or plan a ship or astronomical observatory, why then should his competency to design a hospital be assumed, when its purpose is as special and foreign to his ordinary line of thought, as either of those structures? And yet it would not be difficult to find buildings whose ostensible purpose is the care and cure of the insane, but whose construction has absorbed thousands upon thousands of money, that were planned by men who have never given a day's earnest thought to the characteristics of the insane, and who could probably not be induced to spend a day among them, in the wards of a hospital, in order to study and become acquainted with their wants. Even where this irrational practice has not been carried to this extreme, the wrong theory underlying it has often had an influence which has materially interfered with the usefulness of the hospital. The external and material hampers the internal and spiritual, as when the best mental endowments are prostrated by a diseased body. When the architectural idea controls the medical, and the distribution, size and use of the rooms and the possibilities of admitting air and light are subordinated to, where they can not be harmonized with an æsthetic contour and sky-line of the building; the welfare of the patient is in corresponding degree sacrificed. We would feel but little admiration for the skill of the supreme architect, could we suppose that in the construction of man, the bony skull was first contrived, and the nerve contents with their lofty functions subsequently thrown into it at random, both to be at the mercy of their unyielding surroundings. The product of such a method of creation would be contemplated with little respect. The "erection of palaces for paupers" at the public expense, has become a by-word, eagerly seized upon to the

injury of the cause of the insane, and to bring reproach upon the laborers in it. The blame for what truth there is in the charge, belongs chiefly to those who maintain the assumption that ideas born of experience must be subordinated to the theoretical notions of those who have never studied the wants of the insane; that the exterior of a hospital is to be first erected according to the rules of architectural taste, and that the filling in is a secondary matter. Those who, as inmates or as their care-takers, spend their time inside and look out, are naturally less concerned about the external which they see only exceptionally, than the internal, which they look at and use constantly. The architect finds his reward in pandering to the taste of the larger community outside, whose praises are music to his ear as well as money to his purse. The hospital man should therefore be censured neither alone nor chiefly for this public sin, where it has been committed.

One of the first questions to be decided in the planning of an hospital for the insane, should be that relating to the class of patients which are to be accommodated in it. Shall it be for those who are pecuniarily able to remunerate the hospital for all they may receive from it, or for those who must accept as charity from the taxpayer the care which they require and receive? Is it to be a public institution, constructed and subsequently maintained out of public funds, or a private one whose patients pay for what they receive, not only for what is necessary and suitable for every member of the human brotherhood, but also for so-called luxuries, which they have been accustomed to, and which by reason of their habits and tastes have become indispensable to their reasonable comfort? It is no doubt repugnant to our training as medical men, who from our professional infancy have had enjoined

upon us the duty of charity, and who, when maturity has been attained, are accustomed to dispense vastly more of it than any other class of men, to entertain the thought that such distinctions are to enter the chamber of sickness, and that as the greatest leveller of men approaches, the accidents of our nature must be insisted upon and maintained. There is, however, no lack of charity in this. He who spends without limit upon his personal wants in health, should not on account of his illness simply be restricted so far as the faculties and the means of innocent enjoyment remain. One should rather argue that as the illness necessarily closes some avenues of enjoyment; instead of letting any that remain unused, new ones should as far as practicable be opened to make up for those that are lost.

In the case of those who must be entirely dependent upon public charity, the proper question to ask would seem to be what kind of buildings will answer all the reasonable requirements of those to be cared for, and at the same time will not involve such an outlay as will make it impossible to secure corresponding provision for all having equal claims, or to meet adequate current expenses for maintenance. The point is, to provide suitable, reasonable accommodation, and do it so economically and at such a per capita outlay, that none who require it will need to suffer because there is not enough of it. I doubt whether practically this question has been solved in the best manner; whether the controlling powers have had enough wisdom to secure the greatest good for the greatest number; whether some have not been housed so liberally, that other members of this afflicted family equally entitled to the parental protection have been compelled to wander about shelterless, when a more judicious use of the means at command might have provided a comfortable home for all.

I have just referred to adequate support of the hospital when once in operation. That the best results may be obtained, the necessity is acknowledged on all hands of an individualized treatment, devised to meet the peculiarities of each case no less than the uniform wants of all. Numerous attendants well trained to their work are essential to such a treatment, and without them it is impracticable. Occupation, which of course should not be synonymous with labor, is of vital importance. There must be for this purpose varied appliances, but among them all intelligent attendants are the chief. The nutrition of a large proportion of the patients that enter the public hospitals is at a low grade; this is a condition which can only be suitably met by a varied, abundant, nutritious and easily digested diet, prepared in a manner to stimulate the appetite. I believe there is ground for the opinion that if more could be spent on these two items, of attendants and food, not to mention others, our records of recoveries, of deaths, of restraint and seclusion, would upon the whole be more satisfactory.

Funds available for the benefit of the insane, whether public or private, may be so lavishly expended for buildings that the subsequent maintenance of the inmates becomes of necessity too economical to be effective. Buildings do not make a college or a university. In the most humble edifices the best educational work is sometimes done. While therefore structural arrangements are an important element, they are not an essential one, nor are they the chief; and they *may* exist to perfection, and the proper work of the institution be nevertheless very inferior. These truisms, I believe, are as applicable to an hospital as they are to an institution of learning, and the lessons they teach can not be innocently ignored by

those who are entrusted with the responsibility of planning hospitals any more than they can be by those who are projecting colleges.

Another question, I think, may properly be allowed to come up in this place, and without trying to answer, I will state it. It is this: Has the theory of hospital building evolved from the requirements of private patients, and the desire to gratify the tastes and consult the habits of the cultured and the opulent, been permitted to shape the plan of buildings, the vast majority of whose inmates are of a totally different class? And, if so, has this process been permitted to go further than has been conducive to the good of all the insane?

The one function of a hospital with which it is more usually associated than any other in the public mind is that of restricting the personal liberty of its inmates. The most usual motive which leads friends of the insane or the public authorities to commit them to a public institution, is that of providing for a member of the community who has become too troublesome to retain his usual relations to it. The process of reasoning, which lies at the foundation of the step, and which precedes it, is usually not; this person is ill, and therefore should go to an hospital that he may get well, but it is; this person has become too troublesome, too dangerous to himself or others, and therefore he must be removed to some place where he can be controlled. The hospital is usually the last resort made use of when other means have been tried and failed. That this should be the case is a great misfortune, from which the insane themselves are the greatest sufferers. Some are never permitted to enjoy that kind of care, which is most likely to be of benefit to them, and others do not get it while it could be the means of cure; both alike become hopeless invalids.

This reluctance to confide the insane to the care of hospitals is partly due to the notion that they are chiefly places of restraint, and that those in charge are chiefly turnkeys. We know that this notion is false, and also to how great an extent it has been brought about, and is now kept alive by untruthful assertions, prompted by self-interest or revenge; and yet, on the other hand, is it true that hospitals or their architects have in this matter attained the apostolic standard, and have become all things unto all men that they might save, cure, some? Has there been such an effort to satisfy public opinion, however erroneous it might be, as would without sacrificing principle, overcome prejudice, and thereby bring more patients to hospitals, and bring them at an earlier period of their illness? In other words, could not buildings be planned which would accomplish all that is desirable, and at the same time would be less formidable in appearance to the friends of patients than many of the large structures now in use as hospitals? The element of restraint in the treatment of the insane, so far as it is secured by structural arrangements, is required by different cases in a very unequal degree. At one end of the line is a class of cases which require nothing more than is involved in a transfer into new scenes, the removal of injurious influences and the enforcement of correct habits of living. With the well-to-do these conditions can and often are obtained outside of hospitals; with the poor such recourse is essential. At the other end is the homicidal maniac with criminal impulses, who is too often still unfortunately sent, in the absence of a proper place, to an ordinary insane hospital. He requires for his secure keeping the substantial environments of a well appointed penitentiary. The wide gap between these two extremes is filled with a variety of

cases approaching in their features more or less to either end. Now, I believe that that hospital of the future, which will be able to show to the public structural plans and arrangements that will be as fully in harmony with the requirements of that class of the insane which need little or no restraint, as our present buildings generally are in harmony with the needs of those who require it liberally, will have the largest number of recent admissions, and will be less often than others the subject of exciting novels and legislative investigations. The increase of admissions of recent cases, promising the substantial good of more numerous cures, is an end for which severe efforts and all reasonable sacrifices may well be made.

The point has been much discussed in print and in meetings of this Association, whether the curable and incurable should be taken care of in the same buildings. No one plan appears to have been generally acquiesced in. And where such diverse and even opposite views are entertained by men of equal opportunities and zeal for knowledge as well as love for correct methods and the good that results from them alone, it ill becomes one to be very secure, in the correctness of his own. One point, however, can not be doubted, and this is that the plan and manner of construction of a hospital must vary with reference to the kind of patients that is to be accommodated in it, and hence the propriety of alluding to the matter in these remarks. Such variation, however, does not depend on the duration of the disease, nor on its prognosis. In a hospital the classification of patients by wards is not made with reference to these principles; not all the recent go into one set of wards, and all the chronic into another; nor do we put all those likely to recover into one part of the building, and those for whom we

have little or no hope into another. If any one were to go through a hospital, or a number of them, with a view to learn on what theory the inmates were distributed it would probably appear that the desire or perhaps the necessity to place those least uncongenial to one another, and those requiring somewhat similar moral treatment together, had chiefly controlled the matter; and that thus the curable and the incurable, the recent and the old, were often found to be associated. It would be reprehensible to permit theoretical notions to override that arrangement, which would best promote their comfort, or diminish the friction of their intercourse with one another.

Now, the same ideas which in an institution control the distribution of its smaller population into wards, should, I think, influence the collection of the larger insane population of a State, or portion of a State, into independent hospitals. One ward does not contain recent cases exclusively, nor does another contain old cases exclusively; neither should an institution contain only the one class of patients, and for the like reason, that such an arrangement diminishes the comfort of the inmates, and introduces artificial difficulties into their care.

"Necessity is the mother of invention," says the proverb. So here what the wisdom of man failed to solve while it was mostly a speculative question, the necessity of the increasing mass of insanity to be provided for at a less rate than fifteen, twenty-five, or more, hundred per person to do it with, has solved in what appears to be a very satisfactory manner. When the map of a State is dotted over with hospitals close enough for the transportation of patients from the remote corners to be not unreasonably burdensome, and still more room is needed, let there be annexes built

for those out of the entire mass of patients who do not require the single rooms or usual restraints of violent patients. Let these be occupied not by the chronic or incurable as such, but by those whose symptoms or manifestations of insanity are of a mild character. Let us suppose a new hospital is to be built, planned with the probability in view that at some future time the accommodations will be increased by the addition of annexes. The manner of communication between the center and the extreme portions of an institution of even three or four hundred inmates is a point entitled to much consideration. And its importance increases as the number of patients becomes greater, and even in a more rapid progression. Not to mention other ends to be accomplished, I believe it of the greatest value that the population should be brought together often, even daily, for religious services, for amusement, for instruction, or for exercise. That this is practicable in the daytime or in pleasant weather is not sufficient. It should be practicable in the evening and in all kinds of weather. It is true that insanity is the result of bodily disorder, but he who would remedy the former by measures directed to the latter alone or chiefly, will fail of the highest success. That places of assembly for these and other purposes are accessible through the wards of a hospital when of the limited capacity which it was formerly thought must not be exceeded, may be tolerated, but it can not be considered otherwise than a defect in an institution that every evening several hundred, and these among the disorderly, should march and remarch through its quiet wards. And when the population exceeds or even approaches a thousand it ceases to be a defect, and must be a nuisance, whose abatement becomes peremptory.

As at present planned, the State hospitals have dining-rooms for every thirty or forty patients. These are costly in their construction and maintenance. It is difficult, if not impossible, for the officers to exercise thorough supervision and effective control over twenty or more of these sources of stale odors through the house. Three-fourths of them should be abolished where they usually are, and consolidated into one large dining-room near the kitchen. All the objections to carrying the food to the remote and scattered ward dining-rooms would be obviated, and the great work in an hospital of getting sufficient nourishment of a suitable character and in a proper manner into every patient can be performed under an officer's eye.

With some limitations, I would apply the same remarks to the bath-rooms and the process of bathing.

To the end, also, that frequent and unexpected inspection by the officers of all parts of the institution be as much as possible facilitated, such means of inter-communication are necessary, and should be arranged for from the outset, in a manner to suit all probable future increase of the population.

In a hospital building for whose patients the manner of their daily and nightly life is of such paramount importance as compared with the influence of drugs alone, the plan should embrace every practicable advantage in this direction.

These three thoughts occur:

With all the usual provision for patients to be out of doors, they necessarily, when we take both pleasant and inclement weather and seasons into the reckoning, spend the greater part of their time in the wards or corridors. These are often flanked on both sides with the dormitories or single sleeping-rooms, and in a stretch of seventy or more yards, direct light is admit

ted only at the ends and in the middle by alcoves or into little used sitting-rooms. In view of sunlight being as necessary to animal as to vegetable life, to man as to the potato, this arrangement seems faulty. Could not a desirable end here be reached by a farther separation of the day from the night space, perhaps to the extent of putting them into different stories?

Then the oversight of patients and their care during bed hours should be more easy and thorough than it is possible to be when they are scattered through many small dormitories. Not only the epileptic, the suicidal, and those acutely ill with intercurrent diseases should be thus provided for in a plan of the building, but more of the others should have ground for the pleasant and wholesome conviction when they surrender themselves to sleep at night that they will not have unrestricted liberty in any injurious actions suggested by erratic dreams or more erratic delusions.

By the size and relative location of bed-rooms, a night service should be possible which is both easy and complete; the placing of an attendant in a room adjoining an associated dormitory with a communicating door, is not unlikely to prove a broken reed when the unexpected emergency arises.

The third idea here is, that attendants, especially those for the excited patients, should have their rooms and their meals out of the wards where their work is. The care of such persons is an exacting service, and he who engages in it should daily enter upon it refreshed in body, mind and heart, capable of giving to it all his powers in their best state. The conditions for repairing the waste incident to the faithful performance of this work, are hardly found in the presence of the insane, where constant vigilance and activity are required. This end of elevating the nursing rather hinted at than

fully stated in the manner of its attainment by structural arrangements, is, I believe, of sufficient importance to deserve the attention of those called upon to plan a hospital.

In view of the destruction by fire in this country, during the last few years, of buildings in which the helpless were supposed to be sheltered, but in which not a few of them perished, it is a reasonable demand, that such buildings should be made fireproof, at least to the extent that every life might easily and certainly be saved, however sudden and great the emergency.

EDITORIAL NOTES AND COMMENTS.

Dr. Godding on Progress in Provision for the Insane for the Past Forty Years in America.

The present number of this JOURNAL contains an interesting article by Dr. Godding in his most graphic style. As it purports to be a history, we feel it to be our duty to call attention to certain statements, which, in a memorial record of the Association, claiming to be a history of progress in provision for the insane in this country, are, to say the least, misleading. Of course, our principal concern in this rejoinder, if it be such, is to vindicate history as well as the course of the Association of Medical Superintendents, and to place the action of the Association in its proper light. The more do we recognize this duty as the Doctor at the outset introduces his remarks by asking, "What are we doing in the Master's Vineyard?" adding: "It is time to take an observation and to see what speed the good ship launched forty years ago, has made, and how, and where and whither she is drifting." Again he says: "The question that we are called upon to answer to-day is, what is the real progress, if any, which has been made during the last forty years in our provision for the insane in America in its completeness and in its character? It is that which I am here to discuss."

Dr. Godding's paper is a palmary example of the "art of putting things." To be asked to give a history of the progress in provision for the insane in America for the last forty years, was not necessarily to be put upon giving an "excuse for being" of the Association of Medical Superintendents. The *raison d'être* of that Association, as of any association for benevolent,

economic or scientific purposes, is mutual assistance and information and the formulation of results of the general experience.

In giving a summary of the institutions, including those of Canada, in existence when the Association was organized, he says: "Twenty five in all, of which, only thirteen were distinctly State hospitals, having in 1844 a population of about fifteen hundred insane, out of some seventeen thousand in the country."

We find from statistics of that date, (See JOURNAL OF INSANITY, Volume I, page 80,) that there were 3,348 patients in the institutions then existing in the country, and we find no evidence except the census of 1840, which was shown to be very defective, to justify the statement that there were seventeen thousand insane then in America. The census of 1840 to which we refer (JOURNAL OF INSANITY, Number I, page 72,) gave 4,333 white insane and idiots supported at public charge, 829 colored insane and idiots at public charge, and 10,192 white insane and idiotic supported at private charge, and 2,103 colored insane and idiots at private charge. If there were then seventeen thousand insane, which we do not believe, there were nearly five thousand of them in the care of hospitals.

The Doctor gives the list of the superintendents of that period, and declares them all not only to have been "live men" but "each one a giant." With this every one must agree who follows up their active and useful lives. But he adds this rather curious statement: "At that time it had not occurred to the members of the Association that it was necessary to have propositions authoritatively enunciated on any subject." The "propositions" statedly put forth by the Association would seem to be a sort of *bête noire* to Dr. Godding, and he can not forbear to show this by assailing them,

while at the same time he is obliged, on the whole, to defend their main principles, such as the duty of the State to provide for all the insane within its jurisdiction. He does not seem to realize that to formulate the results of scientific research, as far as experience has gone, is not to cut off further discoveries. He gives the following as an illustration in regard to the propositions. "In the early days of a religion, men go to the stake for a belief so simple and firmly held that they write it down only in their lives; in the latter stages of that religious development, zealots get together and crystallize out their warring beliefs into written creeds." Yet we find that in 1851, the Association—those very "giants" or "zealots"—did formulate "propositions" which, to use the language of Dr. Godding, "embodied the most approved ideas in regard to hospital construction and arrangement, and so afforded a basis for most liberal plans of which the several States about to build hospitals wisely availed themselves." He doubts if "one is required to enunciate anything," and adds: "When I come to reverently lay a garland on an altar of the past I certainly shall not rudely attempt to overturn it, but I may be permitted to regret that the religion which reared it is extinct. There is always a danger in regard to propositions."

In what sense have the propositions become obsolete like that "altar of a past religion" that has become extinct? Take those propositions upon which Dr. Godding says most of the hospitals built after 1851 were planned, and which he declares "in their admirable arrangements are almost models to-day;" is there anything to prevent their enlargement and extension to all actual requirements from time to time? Indeed, is not this the actual history of these very hospitals? Dr.

Godding lays too much stress on the limitation to 200 patients; certainly no "law of Medes and Persians," for it was afterwards modified to 250 and again increased to 600. It never formed any obstacle to progress. It was no *law* for construction of hospitals but a simple suggestion for the highest degree of efficiency in the majority of institutions required at that time.

We object to the following statement of Dr. Godding :

It is noticeable that the ideas of what the provision for the insane should be were regarded as authoritatively settled by the Association. Heresy was not tolerated in those days and whoever meddled with the ark of hospital construction was stoned. It is interesting, and in the light of modern changes instructive; to note in the proceedings of the Association, in 1855,* how an erring southern brother, Dr. Galt, of Virginia, was dealt with on this subject. Whoever reads the "Farm of St. Anne,"† now will find a picture not wholly uninviting by contrast with what he may happen personally to remember of certain prison-like aspects in the midst of all the comfort and elegance of the New England hospitals of that day, but after the reception it met with at the meeting of the Association, it is certain that no "St. Anne's Farm" in America marked an era of progress in provision for the insane of that generation.

The editor of this JOURNAL was present at that meeting, and the questions discussed had no reference to the propositions of 1851 and 1853. The discussion arose out of a memorial by Dr. Brown, of Bloomingdale, on Dr. Francis Bullock, in which "he took occasion to animadvert upon some of the views expressed in an article published in the April number of the JOURNAL OF INSANITY, 1855."

Any one who turns to the paper of Dr. Galt, in the JOURNAL OF INSANITY, Volume XI, and to the proceedings, Volume XII, will see first, that the editor of this

* See JOURNAL OF INSANITY, vol. xii, p. 39.

† "The Farm of St. Anne," by John M. Galt, M. D.—JOURNAL OF INSANITY, vol. xi, p. 352.

JOURNAL was quite as much the subject of criticism and attack for publishing the article referred to, as the "erring southern brother, Dr. Galt," its author. It is proper to say, there was no north or south then in the Association, and no erring medical brethren, as there are none now. Men differed in opinion then as they do now. History should be reasonably accurate. Our readers can not all readily turn to the XIIth Volume of this JOURNAL, and we, therefore, reproduce the whole of the expressions in the paper of Dr. Galt which were the basis of criticism.

We here quote: Dr. Brown then read from the April number of the JOURNAL OF INSANITY, as follows, from page 353:

Even as it is, on going from some institutions, which I could mention, to those of New England, the latter, by the great contrast which they afford in this respect, appear mere prison-houses, notwithstanding their internal attributes of comfort and elegance, and a general management and systematic action in which they are superior to the asylums referred to, and, in fact, have few equals anywhere.

Also from the page following:

Would that the friends of the poor lunatics could be convinced of this deficiency; America might then have the honor of establishing at least one new principle in the government of those laboring under mental alienation. Up to this time what has she done in this respect? Absolutely nothing, must be the true answer of every unprejudiced mind. Whilst, indeed, those entrusted with the supervision of the insane, and particularly those at the head of the most richly endowed asylums, shall deem the true interests of their afflicted charge not to consist in aught on their part but tinkering gas-pipes and studying architecture, in order merely to erect costly and at the same time most unsightly edifices—erections at which Mr. Ruskin would shudder—so long may we anticipate no advancement in the treatment of insanity, as far as the United States are concerned.

There was nothing in the discussion about St. Anne or the numbers that should be provided for in hospitals. There was no attack upon progress or upon Dr. Galt or the farm of St. Anne. The paper of Dr. Galt was merely an account of the farm of the hospital of the Bicêtre in Paris and that of Gheel in Belgium, not from personal visitation by the author, but from what he had read. The discussion was confined to certain questions of fact touching Dr. Galt's remarks about New England Hospitals. The men of that period were neither arbitrary nor intolerant, but on the contrary, were men of breadth of view and magnanimity, and utterly incapable of such a spirit as is imputed to them by Dr. Godding. Dr. Galt was not "stoned" nor sawn asunder, nor was he driven to the horns of the altar for refuge. Such high priests as Bell, Ray and Workman really defended him in the open congregation, though they were themselves chief among the "tinkers of gas-pipes and students of architecture." Dr. Ray, after some palliative remarks on Dr. Galt's statements declared that "It might have been well if the managers of the JOURNAL had entered their *caveat* against the assertion that the hospitals of New England have a very peculiar and prison-like appearance." Dr. Kirkbride declared "such a wholesale slander on the gentlemen who managed the institutions of New England should not have found a place in the JOURNAL where it appeared." Dr. Nichols, of the Government Asylum at Washington, "Did not know why the institutions of New England were particularly specified as presenting the appearance of 'mere prison-houses,' for a greater number of essentially the same sort of structures may be found out of the Eastern States, than within their borders; and he believed that a very general concurrence of views, in regard to the proper organization

and management of such establishments, happily prevailed among nearly all their medical directors."

"He might," Dr. Nichols added, "say of the construction and management of New England institutions, and their extreme opposites, wherever found, happily few in number—

Look here, upon this picture, and on this;

* * * * *

And what judgment

Would step from this to this?"

And then he referred to the characters of Drs. Ray, Bell, Earle, Jarvis and Kirkbride, to show that something had been done for psychological medicine in this country in comparison with that of other countries, and closed by saying that "America had done much that should excite the gratitude of her children, something that should command their respect, and nothing becoming in them to condemn."

Dr. Fisher, of North Carolina, called for the reading of the "offensive remarks" of Dr. Galt, and the sentences already quoted were read. He then said :

That he regarded the statement made by the writer rather in the light of a mistaken opinion, than that of a misstatement of fact. He would say that the opinion cited from the JOURNAL did not correspond with his own impressions when he visited a number of the institutions of New England. With due deference, however, to his excellent friend, Dr. Kirkbride, he would say that he thought him rather denunciatory of the remarks quoted.

We are always sorry to spoil fine writing, but we can not think the facts set forth justify such a back-handed compliment to the far-sighted men whose names figure in that record; who, while many of us were in psychological swaddling clothes, were working out the great problems which have stretched down from them to us, respecting the care of the insane. We enter a *caveat*,

taking the advice of the veteran Ray, even though such fine writing is aimed at so arrogant and tyrannical a proceeding by the Association as formulating from time to time the progress of experience in propositions for guidance. We believe in the past and in the present, and while we are quite willing to be led out of Egypt into a land of promise by any Moses, we are not willing under any shower of praise to listen in silence even to "giants" of the present day traducing our ancestors.

The Association had been in existence eleven years. There is no record anywhere to show that they ever treated matters of construction either as a "heresy" or a "dream." The enlargement of the plans of hospitals was a current fact. In 1851, when the propositions were announced, Utica, Worcester and a number of institutions had more than two hundred, and there was constant and steady development also on the lines of 1851; and among the propositions of 1853, was one in regard to the number of physicians and other officers desirable in institutions containing more than two hundred patients. The enlargement, therefore, of plans of hospitals was nothing sudden, and certainly did not wait for 1866.

What Dr. Galt said in his paper about St. Anne, to which Dr. Godding refers, was nothing new. It was known to members of the Association and to some of them by personal observation. It was simply an account of a farm to which the patients of the Bicêtre were taken out of the hot city of Paris. Dr. Galt could, at any time, have seen St. Anne if he had turned his eyes upon many of the institutions of his own country. Indeed, one of the propositions of the Association which Dr. Godding alternately eulogizes and condemns, declared the necessity of a farm.

No hospital for the insane, however limited its capacity, should have less than fifty acres of land, devoted to gardens and pleasure grounds for its patients. At least one hundred acres should be possessed by any State hospital, or other institution, for two hundred patients, *to which number these propositions apply, unless otherwise mentioned.*—[The italics are ours. Eds.]

The Government Hospital, from which Dr. Godding has penned his panegyric, had more of a farm in 1855 than that of St. Anne. Dr. Nichols in a report to the Secretary of the Interior, dated December 24, 1852, (JOURNAL OF INSANITY, Volume 9,) says:

A site for the hospital of the District of Columbia, and of the army and navy, comprising a farm of about one hundred and ninety acres of land, situated on the southeast side of the eastern branch of the Potomac, nearly due south from the Capitol, and about two miles from it in a direct line, has been selected and secured by absolute purchase and full payment, in the sum of *twenty-seven thousand dollars.* * * * * * The farm purchased is under a high state of cultivation, with a large number of choice, well-set young fruit trees upon it.

In 1873 this farm had reached 419 acres, and with the out-buildings and wall represents many thousands.

In 1874, Dr. Nichols speaks of expenditures that year beyond the current expenditures, of \$46,712.22, "in the erection of a large and very superior stock and hay barn," and materials for hog-barracks, grazing, sheds, poultry houses and other improvements.

There were then but few institutions without farms, and as Dr. Nichols in 1852 stated: "Nearly every one has a hundred acres attached to it, and several of them many more." And yet not content with this opening thrust at the early fathers of the Association, Dr. Godding, near the close of his paper, repeats "we may yet see rural pictures of lunacy that shall pleasantly recall the Farm of St Anne without its *recriminating* contrasts, and that Dr. Bemis, of Massachusetts, may at

last be consoled for the cottage home that he saw in his mind's eye." What Dr. Bemis saw in his mind's eye, we shall not undertake to say, but certainly the writer could not mean that Dr. Rockwell's purchase of a timber lot thirty years ago, or the cottage at Hartford Retreat, is evidence of a new régime altogether. Has he never heard of the cottages long before built by Kirkbride, or of the system of Dr. Cutter at Pepperell, Massachusetts, or of the cottages and home-treatment of Dr. Russell at Winchendon, and others?

The JOURNAL OF INSANITY, Volume XI, contains remarks of the Hon. John G. Davis, of Indiana, in the House of Representatives, February 22, 1855, in regard to the United States Government Asylum for the Army and Navy, an eloquent address, in which he speaks of the thirty-three public institutions in the twenty-three different States of the Union, and says: "Sixteen of these institutions have gone into operation within the last fifteen years, and all with precisely the same internal and external régime." He then adds:

This uniformity, sir, did not arise from a blind imitation of some early example, accidental in its character in all subsequent enterprises of the kind, but is the natural result of mature experience interpreted and applied by men actuated by a sincere and enlightened benevolence. * * * Finding our prototypes in the mother country radically defective, and there being here no prejudices of custom to overcome, as abroad, our countrymen lost no time in making such modifications as experience suggested, and were not long in reaching the present régime, the basis of which is the domiciliation of the patients and the whole household engaged in their care, with the superintendent, to whom is confided the requisite authority, and upon whom is laid the responsibility of a humane and skillful direction of his charge. Practically, the simple and efficient system of executive government which prevails in American asylums creates a family, of which the physician-in-chief is the head, to whom is confided the entire direction of the medical and moral treatment of the patients, and

of the duties of all persons engaged directly or indirectly in their care.

These words could be taken as a true description of the American institutions of to-day.

The Government Hospital itself was from the start constructed on the principles of other institutions existing at that time, and of the present, and in one of the reports of the Secretary of the Interior to Congress these words are used :

The plan originally adopted, which was on a magnificent scale, has been adhered to and steadily pursued until we find ourselves in full view of its completion.

This hospital must, therefore, be considered as one of Dr. Godding's "Cathedrals of Lunacy." It stands a representative structure on a magnificent scale, and is called by Dr. Nichols "Collegiate Gothic;" not one of the structures of the "men of '66;" nor is it the cheap structure which one might infer from the invitation to "Come to Washington and see what can be done with small appropriations. * * * See the provision which has been made there with limited means from the start." Let us see. In the report of 1875 of that institution, Dr. Nichols says that the "original hospital edifice and two separate out wards, erected at the same time were designed for 290 patients, and cost, furnished and fitted up, exclusive of land and outbuildings, \$406,848, or \$1,403 per patient," and he presents plans for its extension for 250 patients more, at an estimated cost of \$395,000, or \$1,580 per patient," and adds, "In submitting so low an estimate for this structure we have considered the advantages of our local and special experience in executing similar work," &c. In the face of this Dr. Godding says:

Such temples of philanthropy are creditable to the hearts that reared them, but I think we may set it down as an established fact, that although religion will still require churches and chapels for public service, the world, unless exceptionally, has done building cathedrals either for devotion or philanthropy; convenient places of worship that do not tax the parish too heavily for their construction will be preferred to more ostentatious fanes.

But Dr. Godding also says:

I certainly would not say that our hospitals for the insane have, as a whole, been extravagantly built. I am sure that we shall all agree that in one respect the men of the first era (sic) built well, nay, even "builded better than they knew," when they planted these liberal hospitals for curable cases in the midst of farms and grounds so extensive that they now afford ample room for the asylum *homes* (sic) for the chronic cases, which in future years will grow up around them.

It "may be set down as an established fact" that the people of their abundance will still give to the erection of temples in which to worship their Creator, and States will still spread their philanthropic arms about the poor and helpless; not the cold embrace of parsimony, but the soft and comforting embrace of plenty. When Macaulay's New Zealander stands on London Bridge, contemplating the ruins of St. Paul's, people will have abandoned cathedrals and churches, and taken refuge in cheap worshipping places.

As already stated, one of the most extraordinary features of the memorial of Dr. Godding, is his frequent reference to the "propositions" for the size of buildings, as though they embarrassed and hampered the action of States in the erection of institutions of a suitable capacity. Secondly, and particularly in what he says of the Convention in Washington in 1866, he warrants the inference that the tendency of the Association was not to care for all the insane, and that the proposition limiting the size of asylums was a barrier

to the widest treatment. This, in the light of facts, is simply ridiculous. There never was a time when the Association did not maintain that all should be provided for. He admits in his own article that no member had ever maintained otherwise. He says:

The medical superintendents of institutions for the insane as a body, individually and collectively, and without a single exception, have put themselves on record, again and again, as demanding that the State should make the best possible provision for every insane person within its jurisdiction, whatever the form of the disease, acute or chronic, curable or incurable.

It is somewhat amusing to see the amount of rhetoric expended by Dr. Godding upon the rejection by the Association in 1866 of a proposition to make special provision for certain cases of chronic insane. He says:

Dr. Butler, of Hartford, Connecticut, in an eloquent address on the claims of the chronic, and presumably incurable, insane, delivered before the Association at the meeting in 1865, Dr. Cook, of Canandaigua, N. Y., in a glowing picture of the provision for the insane poor of the State of New York, read at the meeting in 1866, and Dr. John B. Chapin, in an admirable *résumé* of the whole subject in 1867, led the forlorn hope in an appeal for a change in the propositions of 1851 and 1853, a change that involved the enunciation of new ones in favor of distinct provision by the States for their chronic insane, a proposal that was almost unanimously rejected by the Association.

The remarks of Dr. Butler were wholly with reference to Connecticut. Dr. Butler said:

They had in Connecticut five hundred cases which ought to be under hospital treatment. During the past year the incurable had pressed upon them (Hartford Retreat), so that the question had arisen, "What shall we do with them?"

He suggested two plans: to build another institution for curable cases, which "He believed it impossible to obtain the means to enable them to do;" (the State did it, however.) The other—

The Legislature had entertained the question and the present proposition was in favor of a farm for an incurable institution, where patients can be suitably cared for, and perform some labor which would partially meet the expense of their support. For the present he expected to have a State farm, with all the other appliances necessary for the care of incurable patients. He believed there was not an institution in the land in which incurables did not embarrass the care of the curables.—(AMERICAN JOURNAL OF INSANITY, Vol. 22, page 69.)

A discussion followed, participated in by Drs. Kirkbride, Curwen and Reed, of Pennsylvania; MacFarland, of Illinois; Drs. Tyler, Walker and Choate, of Massachusetts; Drs. Peck, Gundry and Hills, of Ohio; Dr. Chipley, of Kentucky; Drs. Douglass and DeWolf, of Canada. With the exception of Dr. Hills, they all dissented from the views of Dr. Butler in regard to establishing a hospital for incurables. (Page 69-74.)

"The discussion was brought to a close by Dr. Butler moving the following resolution:

"*Resolved*, That a committee of three be appointed to take into consideration the condition of the chronic and supposed incurable insane, and the best possible arrangement for their custody and treatment, and to report at the next meeting of the Association.

"Drs. Butler, Walker and Curwen were appointed such committee."

Dr. Cook's paper read at the meeting of the Association in 1866, (JOURNAL OF INSANITY, Volume 23, page 45,) recited the fact that the State of New York, in 1864, ordered an investigation into the condition of the insane poor in the poor-houses, etc., by the Secretary of the State Medical Society, Dr. Willard. He referred to the report made in 1856 by a committee of the Senate upon the same subject, and quoted from the message of Governor Fenton to the Legislature in 1865, suggesting the propriety of establishing an institution for incurables, viz: "an institution that should relieve

the county authorities from the care of the insane, should be deliberately considered." The Governor further stated in the message that there were 1,345 lunatics confined in poor-houses or poor-house asylums, nearly all of whom were incurable. Dr. Cook then adds: "The question being thus presented to the Legislature, the result was the creation of the Willard Asylum for the Chronic Insane, and for the better care of the insane poor," by an act passed April, 1865. Dr. Cook maintained that the Willard Asylum was—

Designed to supersede the system of providing for the chronic insane in the poor-houses. * * * * * When it shall be completed no more chronic insane will pass from the care of the State asylum to the county poor-houses. The law will then provide for their continued care and treatment by sending them to the Willard Asylum.

Dr. Chapin's paper on Provision for the Chronic Insane Poor (*JOURNAL OF INSANITY*, Vol. 24), was read in 1867, a year afterwards. It is not quite plain how he could have helped to lead a "forlorn hope" at the meeting in 1866.

At the meeting of the Association in 1866, Dr. Butler being absent, Dr. Walker, on the part of the committee, presented a series of five resolutions providing that the State should make provision for all the insane whose families could not provide for them; should locate their hospitals in the center of districts; should "not attempt to make the labor of the insane pecuniarily remunerative or even as a primary object contributive to their support." That "no class of insane, except that of chronic and advanced dementia, should be cared for otherwise than in hospitals properly constructed, equipped and organized." That "demented persons in whose cases the disease is chronic and advanced, may, with propriety, be provided for in

institutions other than hospitals, but always in buildings constructed expressly to meet the requirements of their particular condition," etc., to secure them from abuse and neglect, and that they should be "under the entire control of a competent resident physician."

This was all the committee had to offer to the Association. We take the following from the proceedings:

Dr. CHIPLEY, of New York. I move as a substitute for the resolutions just read the resolutions adopted by a Convention of Superintendents of the Poor of the State of New York, in 1855, as follows:

Resolved, That the State should make ample and suitable provision for all its insane.

Resolved, That no insane person should be treated, or in any way taken care of, in any county poor or 'alms-house, or other receptacle provided for paupers, and in which paupers are maintained or supported.

Resolved, That a proper classification is an indispensable element in the treatment of the insane, which can only be secured in establishments constructed with a special view to their treatment.

Resolved, That insane persons considered curable, and those supposed incurable, should not be provided for in separate establishments. This relief should be commensurate with the demand.

The substitute, after discussion, was adopted almost unanimously. (See AMERICAN JOURNAL OF INSANITY, Volume 23, pages 147-9 and 247. Senate Document No. 17, 1856, pages 1 and 2.)

What the Association, therefore, did at Washington, in 1866, was simply to endorse some of the propositions of the Superintendents of the Poor of New York, enunciated by them in 1855, by substituting those propositions for the proposition of Dr. Butler's committee. We must insist on the whole truth in making history and can not permit Dr. Godding to give them as though they originated with the Association of Superintendents in 1866. Those noble utterances belong to the Superin-

tendents of the Poor of the State of New York, assembled in Utica in 1855, antedating the action of the Association eleven years. The Superintendents of the Poor, therefore, were the men who "went down from New York to Albany and found the chronic insane that the hospitals had cast forth to make room for recent curable cases, lying with others whom hospital care had never reached, wounded and bleeding by the wayside, forgotten in alms-houses, festering in cages, loathsome with neglect." They, too, were *real* Samaritans. They did not propose to put them in any cheap place, but like the Samaritan of old, would send them to an inn that they might fare as he had fared himself.

This was in 1855, not in 1866. Such derogatory language as Dr. Godding has used was not applicable to New York in 1866, if it ever had been, and we can not permit such perversion of history in a memorial service to go out to the world uncontradicted.

In solving the great question of taking care of all the insane, New York was neither the laggard nor the contemptuous Pharisee. She had taken the lead among the States, both in inquiry and action. We can not, therefore, be silent or indifferent to such misrepresentation or non-representation of the State of New York. One unfamiliar with the real history, as Dr. Godding seems to be, would infer from his remarks that not until 1866 had that great State proposed the care of all its insane, and that it had taken no steps in the matter until that time; that it had been slumbering in conscious satisfaction, and was suddenly awakened out of a Rip Van Winkle dream by "the men of '66," whoever they may have been, and a pious pilgrimage arranged "to go down from New York to Albany," in behalf of that benighted State.

The truth of history is that this work had already been done in New York before the meeting at Washington in 1866. It was commenced in New York by Miss Dix. And we would here remark that it is extraordinary, in a memorial purporting to give the history of progress in the care of the insane, that this lady should not even be mentioned. She was the angel of mercy who first visited, as an "individual," the poor-houses and jails "and those forgotten in almshouses, &c." It was she who went to the legislature at Albany, before the Association had an existence, with a memorial in their behalf, presenting the most powerful appeal ever brought before a legislative body. It was the pathos of the facts given by her which touched the hearts of men and aroused the Superintendents of the Poor to action, they being the legal guardians of these people, and set men in action in behalf of the suffering insane throughout the State.

It was not with her a spasm of philanthropy, but a quiet, deep determination to do and to keep doing until the great work was complete. Through her influence as a starting force, and the aid of others, the institution at Utica was enlarged. The discussion of the care of the chronic insane was never lost sight of, as abundant public documentary matter would reveal. (See annual reports of Utica Asylum.) Nor was it the Association of Superintendents of Asylums who proposed to make the relief of the insane commensurate with their necessities. Neither was it Dr. Godding's "men of '66." It was the Superintendents of the Poor of the sixty counties of the State of New York, in 1855, who led the way and enunciated the wholesome and humane sentiment, and then and there uttered their protest against further wrong. In their memorial to the legislature, they pointed out the evils of the system existing

and declared that as the law of the State made "the duty of providing for these unfortunate persons compulsory upon your memorialists, and not optional, they would be wanting in their duty to their fellowmen, did they not present to your consideration the nature of the relief for which they pray," etc. They asked relief, therefore, for all. We cite their own words:

The justice of the claim for aid of every insane person should be unquestioned. Whether in the acute stage of the disease or the chronic; whether mild, excitable or paroxysmal, they are objects of *special care*; and it should be provided to the fullest extent for all not in a condition to reside in private families.

* * * * How this may be accomplished, has been the desire of your memorialists briefly to set forth, by showing that the relief must be of a *special nature*. This implies institutions especially adapted in their construction and association for the purpose; which, by their order and quiet, may afford moral treatment, while intelligent medical direction should control their operation.

In view of the urgent demand that has been presented, your memorialists, in conclusion, do not hesitate to recommend that your honorable body will at once cause the immediate erection of two State lunatic hospitals, so located that they may accommodate the largest number of insane at present unprovided for, and so relinquish the undersigned the pain of longer continuing a system fraught with injustice and inhumanity.

The Superintendents of the Poor also unanimously adopted the following resolution February 21, 1855:

Resolved, That this convention do *unanimously* recommend to the Legislature the establishment of an asylum for such insane persons as can not be received by the present "State Lunatic Asylum" but more particularly for the reception of such patients as have been discharged therefrom uncured. (Senate Doc. No. 17, 1856.)

It was this body, therefore, that issued the famous proposition which deserves to be written in golden letters on the escutcheon of every State: "That the State should make ample and suitable provision for all

its insane not in a condition to reside in private families." It was this body that stepped forth in the State of New York recommending the Legislature to create a special institution for the reception of the chronic insane then in the county houses. It uttered no shibboleth of "attainable good" or "unattainable better" but proclaimed the emptying of the poor-houses, jails and prisons, and the erection of the necessary institutions for the care of all. The writer was present as an "individual" at the convention of the Superintendents of the Poor, both in Syracuse and in Utica, in 1855, and participated in the discussions.

The action of the convention was at once followed up. Some of its members went to Albany with memorials and urged this duty upon the Legislature, out of which grew the Legislative Committee of the Senate, who visited the poor-houses, jails and prisons, made an elaborate report, and portrayed in pathetic appeal the sufferings and necessities of these people, and in this they were aided and sustained by other county authorities and the officers of asylums.

A bill was introduced into the Legislature providing for the establishment of two State institutions, one east and one west of Utica. This bill failed the first year, but was again presented and pressed without abatement until at last it succeeded. This was the golden age which inaugurated the benevolent scheme and raised the universal cry for universal care. This was the sentiment which aroused action in the State of New York, and which has never ceased to animate it, and this was the origin of the Willard Asylum, authorized in 1865, an institution which was born before the waking up of the "men of '36" or the "dream" of Dr. Godding, or even the "address" of Dr. Butler in

behalf of Connecticut, which Dr. Godding is inclined to credit to New York.

But New York did not pause with Willard, nor did she change her long conceived purpose. In 1865, the bill for two asylums was introduced, and while considering it, it was deemed advisable to create only one asylum then, and this for the chronic insane, to be called the Beck Asylum after the distinguished scholar and jurispudent, Dr. T. Romeyn Beck, and the name was changed to Willard* at its final passage. New York went on with her noble work, not waiting for "propositions," or "eras," or the "men of '66;" she authorized Poughkeepsie Asylum in 1866, Buffalo in 1869, and Middletown subsequently, all of which are general hospitals for the insane, and Binghamton Asylum for Inebriates, reorganized and reconstructed to follow the plan of Willard.

In addition to this, the State Board of Charities has authorized no less than fifteen county asylums for the chronic insane, in which there are 1,316 inmates.

It will be observed that there were in 1864 in the poor-houses and poor-house asylums 1,345 insane, nearly the same number now in the county asylums authorized by the State Board of Charities.

It is certainly apparent that the system of the Willard Asylum did not fulfill the hopes of Governor Fenton to "relieve the county authorities from the care of the insane." On the contrary it permanently fixed a system in the State of New York of State and county care. Whether wise or unwise, it was adopted, and as a result we have a system partly of State and partly of

* Dr. Willard died quite suddenly and the honor of the name was transferred from Dr. Beck to him. He had simply, as a public official, made up this report from the data furnished him by physicians and Superintendents of the Poor in the various counties.

county asylums, the latter largely dominating. But we have practically universal care. The last report of the State Board of Charities (1884, page 18), shows that there are now in the State 11,343 insane, distributed as follows:

	Males.	Females.	Total.
In the State Hospitals for Acute Insane,.....	761	734	1,495
In the State Asylums for Chronic Insane,	1,018	1,134	2,152
In City Asylums and City Alms-houses,.....	2,065	2,951	5,016
In County Asylums and County Poor-houses,...	797	1,072	1,869
In private Asylums,.....	206	352	558
In the Asylum for Insane Criminals,.....	135	9	144
In the State Asylum for Insane Emigrants,....	63	46	109
	<hr/> 5,045	<hr/> 6,298	<hr/> 11,343

Of the above, as shown in the report, 553 are in the county poor-houses. Those however, are undoubtedly of a class which would have been included in the Butler Committee "proposition" of 1866, which the Association, Dr. Godding says, "almost unanimously rejected;" namely: "No class of insane *except that of chronic and advanced dementia* shall be cared for *otherwise* than in hospitals properly constructed, equipped and organized."

Dr. Godding in summing up the results of forty years, says:

To-day there are probably not less than one hundred thousand insane within the limits of the United States. The increased provision will probably afford good accommodation for thirty thousand inmates, and at the date of the United States census in 1880, forty thousand nine hundred and forty-two were crowded into these hospitals, including the insane departments of alms-houses, leaving the majority still to be provided for, as in 1844, indiscriminately huddled in alms-houses, in jails, in cages, and adrift in the community. Thus far only, then, have we come in our progress in provision, in forty years.

Whatever may be said of other States, New York is not behind in this great work. If she has five millions

of population, and there are one hundred thousand insane in the United States, in a population of fifty millions, she has her full share in the 11,343 insane which she is taking care of under "enlightened supervision," and under an organized State system. Her skirts are clear. With all respect to Dr. Godding as a historical memorialist, we can not believe that in other States "the majority are still unprovided for, and indiscriminately huddled in alms-houses, in jails, in cages and adrift in the community."

It is always better to adhere to historic facts than to practice indiscriminating eulogy. We regret to see such a jumble of history in such a memorial paper, forces of importance laid aside or not mentioned, and unimportant things magnified into moving powers, the memorialist struggling and quibbling with a resolution of the Association about the numbers that ought to be in a hospital, as though it were a great detracting influence; while, as we have already said, leaving out the efforts of Miss Dix, who, as an "individual," gave her time, character, influence and means to this very subject, not only in the State of New York, but in almost every State in the Union—the woman whom the Secretary of the Interior of the General Government invited with Dr. Nichols to locate the Government Hospital at Washington.*

* "Having succeeded, I also invited Miss D. L. Dix, a lady no less distinguished for high intellectual qualities than for her benevolence, and whose name is inseparably associated with this particular department of philanthropy, to give us the benefit of her advice and experience in the selection of the best location for the asylum. To this proposition she kindly acceded, and after a very minute examination extending through a period of a fortnight, concurred with Dr. Nichols in recommending the farm of Mr. Thomas Blagdon. * * * * * Neither the President nor myself had previously visited this farm, but at the suggestion of Dr. Nichols and Miss Dix we examined it carefully, and came to the conclusion that it was incomparably the best location."—(Letter of the Secretary of the Interior to Congress, December, 1852).

In regard to the stress laid by Dr. Godding upon the propositions of the Association in 1851 and 1853, of two hundred and two hundred and fifty patients to each asylum, we can only add to what we have said, that he has not shown that it had any influence whatever. The fact is, that proposition has had little or no influence before or since. It had nothing to do with crowding or overcrowding, with adequate or inadequate provision, and what Dr. Godding says as to his second "era" of hospitals, contradicts what he says in regard to this very proposition. When these propositions were uttered in 1851, Utica, an uncompleted institution, had 450 patients, and went steadily up to six hundred patients. (The original foundations laid were for buildings to accommodate one thousand.) The Government Hospital for the Insane, was projected in 1852. Dr. Nichols, the superintendent, says in his report for 1875: "The original hospital-edifice was designed to accommodate a maximum of 350 patients." This was directly in the face of the proposition of 1851, and in a subsequent report, when speaking of enlarging the asylum, he asks "An appropriation of \$35,956 for the extension of the administration building," saying it was originally intended for a building with 350 patients, and not large enough to meet the wants of the extension of the wards. Michigan Asylum was projected in 1854, for 288, without any regard to that proposition.

We know of no instance where a State was controlled in its action by this proposition. In connection with this point one would imagine from the statements of Dr. Godding that at the meeting of the Association in 1866, a great struggle had been made to get the Association to modify that proposition. Dr. Nichols introduced a resolution to make the

number a thousand for each institution, which was afterwards dropped to six hundred, and passed, with little opposition. Among those who steadily voted *against* the proposition of Dr. Nichols to increase the number from 250 to 600 was Dr. Cook, who was one of the final six non-concurring. The "proposition" of the committee, Drs. Butler, Walker and Brown, recommending separate provision for certain chronic insane, at that meeting, or, as Dr. Godding puts it, "in favor of distinct provision by the State for their chronic insane" was not passed. We have already shown what that proposition was. The Butler committee contemplated separate provision only for "chronic and *advanced* dementia," and to be cared for in "buildings other than hospitals." The Association emphatically condemned the proposal of their committee, not because they were *functus officio*, or were tired of formulating propositions, but because they would maintain a consistent witness to settled *principles*. It declared "the facilities for classification or ward separation, possessed by each institution, should equal the requirements of the *different conditions* of the several classes received by such institutions, *whether those different conditions are mental or physical in their character*," thus endorsing fully the broad ground laid down eleven years before by the Superintendents of the Poor of New York.* Dr. Chipley, of Kentucky, offered, as already stated, as a substitute, the resolutions of the Superintendents of the Poor of New York, published in 1855, which was carried. As the proposition of the committee was thus rejected, Dr. Godding bursts into anathema, as follows: "It was time that they had done with enunciating propositions for all time in one decade, that changing circumstances may require to be modified or repeated in the next." Suppose the Asso-

* See Proceedings, 1863, JOURNAL, Vol. 23, page 243.

ciation had enunciated *that* proposition? Then that body would have been "simply glorious," in Dr. Godding's estimation.

We can not allow Dr. Godding at this late day, in the light of history, to raise the issue or attempt to proclaim as a fact from the rostrum of a committee of the Association, that there ever was indifference or any dispute as to taking care of all the insane. The only question on which there was any difference either in the Association or out of it, was, as to whether all classes of the insane, in all stages of the disease, should be received and treated in hospitals together, or whether those that were supposed to be incurable should be placed in separate asylums. No other issue was ever raised in New York or in the Association. Some "earnest men" believed the States would not grant the means for the necessary expenditure for general hospitals, and as the chronic cases required less expensive structures, whether kept in the general hospitals or special institutions, it would be better to create two classes of institutions. Equally "earnest men" in the Association and a larger number, thought the States would meet the expense, and that universal provision could be as economically made by continuing the established method of enlarging the institutions from time to time; as expressed by Dr. Brown, of Bloomingdale, endorsing what the JOURNAL OF INSANITY had said, "expansion of the existing hospital system to embrace all of the class of the insane requiring the aid and support of the State." This was the whole of it. None of the helpless were to be cast out or "thrown to lions," or left "festering in cages or jails."

New York was not involved in the question discussed at the Association. As we have already stated,

a year previously she had determined on two classes of institutions by the Legislative enactment entitled: "An act to authorize the establishment of a State asylum for the chronic insane and for the better care of the insane poor, to be known as the Willard Asylum for the Insane," and had appropriated \$75,000 to commence the work. The writer was chairman of the commission to locate and give a plan for the Willard Asylum, with Dr. Jno. B. Chapin and Dr. Julian T. Williams. There was no necessity, therefore, for Dr. Godding's dream of a pilgrimage, in the spring of 1866, to "go down from New York to Albany" in the special interest of humanity in that State. The Willard Asylum, as we have shown, was authorized before the Association had taken any action; before Drs. Butler, Walker and Curwen were appointed to report on the subject of the care of the chronic insane, and Dr. Cook, in his paper read at that meeting so stated and quoted the act. The question for the Association of Superintendents, was simply whether it should follow the lead of New York and endorse her policy. Besides, there was no "forlorn hope" led by anyone, or ever needed in New York, as he represents. The Willard plan had been proposed by the Governor to the Legislature and passed without opposition, and was heartily espoused by such men as Judge Folger, Ezra Cornell, William Kelly, &c., and was in popular favor, especially as it proposed a less expensive method of provision, and further, no institution ever received more generous support in its inception and subsequent extension than the Willard Asylum.

We can not allow such an expression as this to pass unnoticed in a memorial service. Alluding to Willard he says: "See what, under the careful management, the energy and determination of one man, this establish-

ment, in spite of croaking and coldness, and opposition, has grown to be." After the policy of New York was settled in favor of two classes of institutions, and Dr. Chapin was appointed Superintendent, there was no opposition, neither was there any "croaking" or "coldness" before or after. If there had been, it would have been all the more out of place in such a paper, at such a time and in such a place, to refer to it.

The institutions of New York have grown out of the sentiment of 1855 which pervaded the people, and have become what they are under the united efforts of the officers of asylums and superintendents of the poor having immediate charge of the insane poor, sustained by the medical profession, both as individuals and as a State society. Whatever difference existed as to how the work might be best accomplished there was unanimity of aim and that aim was to provide for all. There were embarrassments, delays and impediments which came out of questions of public policy as to how rapidly the result could be reached or how it best could be accomplished. There were also embarrassments, confusion and delays from the agitation of iconoclastic reformers without experience, whom enthusiasm led to see in themselves the possibilities of coming centuries of psychiatry, and who were impatient of the conservative spirit determined to see the results of progress step by step. Again in a large measure, we are pained to say, evils have come from men who appeared in the light of detractors, scandalizers and pernicious agitators. The first kind of obstructiveness is healthful, the second inevitable, but can be got along with; the last is pernicious and poisonous, but nevertheless powerless on the whole against the steady progress of humanity which must in the end succeed. Again and again, these latter have

put themselves up as special reformers, opponents of the established progressive system of things, and assumed the guise of missionaries of new systems, or those of France, Scotland, England, or their own or all combined—anything, indeed, but the system in use; which was too old, or too new, too weak or too strong, too arbitrary or too loose. Their motto has seemed to be

Si perfectionem requiris, me adspice.

While alternately glorifying and depreciating the labors of our predecessors, and of the members of the Association down to the present time, Dr. Godding finally climbs to the loftiest heights of the Pisgah of psychology, and looks down upon the great general hospitals covering the land, with supreme satisfaction. At the same time he beholds these same institutions, with prophetic eye, crumbling like the Parthenon on the heights of the Acropolis at Athens: "Noble monuments of the past, but not habitations to live in." He fails to show, however, that the Parthenon was ever erected for a habitation, for either sane or insane. In this vision he sees the ghostly forms of the authors of these institutions hunting through the moldering rubbish for trinkets as testimonials of their former reputation. He espies, however, away from these, resting on the plains of the far-off west, at last the Mecca of his hopes, and exclaims, "Kankakee," "Kankakee," "Eureka," "Eureka." He sees in the structure of that asylum a great central institution receiving all classes of the insane—just what the Association originally proclaimed, the collection in a single hospital, under a single head, of all classes of the insane—and says: "Here may be seen buildings specially fitted for the sick, the epileptic, the suicidal, the quiet dement, the boisterous, the untidy, the paralyzed, in short, an

effort has been made here from the start, to differentiate the provision and to suit detached but associated buildings to the needs of every condition of insanity," certainly no separate institution for the insane of the chronic class.

Well, what is the result? After all the glorification bestowed on these experiments and their authors, Dr. Godding comes back at last to the very principle of the propositions of the Association. He adopts with enthusiasm, indeed, the same ideas that were suggested in the first annual report of Dr. Stephen Smith, the Commissioner in Lunacy for the State of New York, who sees the objection to a vast receptacle at some remote point in the State, collecting all the chronic lunacy as well as able-bodied laborers from the various hospitals of the State on to one farm; an enterprise placing a vast body of paupers out of all easy reach or sight of their relatives. At any rate, he makes a complete surrender of the "separate provision plan," and a triumphant vindication of the propositions of the Association. Of course, it must rest in the judgment of our boards of medical officers how best to secure the proper classification and *ward* separation with the least expenditure and friction compatible with the real welfare of the insane. This problem can safely be left in the light of experience to work itself out.

Is all this new which Dr. Godding has said?

Before the vision of "the men of '66," had appeared to Dr. Godding, the AMERICAN JOURNAL OF INSANITY, October, 1865, Volume XXII, immediately after Willard was authorized, pressed upon the State of New York the following recommendations:

The State should be apportioned into three sections, equal in population, and the insane of the central section sent to Utica.

Two hospitals for the treatment of acute paroxysmal or violent insane should be built, one in the eastern and one in the western section, whose sole architectural requirements should be perfect adaptability to the wants of hospital practice. Separate buildings, less expensive, and of similar construction, out of the hospital and disconnected with it should be provided for the quiet and filthy demented and paralytics. Buildings of a suitable form should also be erected for the treatment of epileptics. Each hospital should have a farm attached to it of from three to five hundred acres, to the cultivation of which the labor of patients should be particularly directed, both from economical considerations and the medical benefits to the insane of out-door life and occupation. Upon the farm there should be cottages for the employes engaged in the various agricultural and industrial departments of the institution. With these employes, the orderly, industrious chronic or the convalescent acute patient might reside. Such an arrangement would permit a certain degree of family-life and a larger liberty to this class than are compatible with the organization of the hospital proper. It might be found practicable, after due consideration, to withdraw a certain proportion of patients from the hospital and domicile them in cottages which could, in great measure, be constructed at small expense by the labor of patients themselves.

It will be seen, therefore, after all his wanderings and uncertainties, Dr. Godding comes to the recommendation of this JOURNAL in 1865, and recommends the very institution fashioned almost after the language then uttered in the "golden age of cathedrals." After all his dexterous manipulation of facts to the apparent discredit of the Association, he in the end comes down by way of Kankakee, squarely and openly into the camp of the dreaded propositionists like a prodigal returning home.

One thing more. Looking over the "evidences of progress," we find, Dr. Godding says, respecting the Government Hospital, that Dr. Nichols "made here the first distinct detached building for the colored insane in America, thereby placing his hospital provision *outside*

of the propositions by placing it twenty-five years ahead of his time and abreast of the requirements of to-day."

Pray, what proposition did this get outside of? The colored people in the various States, certainly in the State of New York, had always until then, and ever since have been received into the various State hospitals equally with the whites and have received the same treatment. Had the United States Government done less for colored people in the District of Columbia, then, it would have fallen far short of a plain simple duty. Dr. Nichols, in the original plan of the institution, recommended to the United States Congress, to provide "a Lodge" for the care of the colored insane instead of treating them in the wards among the white patients. In 1859, this Lodge contained, according to Dr. Nichols' report, 6 colored men and 11 colored women, and was so crowded that he recommended that another be built, and one be used for each sex.

At this day, from the Government Hospital this separation of the soldiers and sailors of the Army and Navy of the United States on account of color, would seem a strange proceeding to glory in, when colored men sit in the Legislatures of the States, in the Congress of the United States and in the United States Senate, and when recently a colored man was a most respected Marshal of the District of Columbia under appointment of the President of the United States.

RESIGNATION AND APPOINTMENT OF DR. CHAPIN.—Dr. John B. Chapin of the Willard Asylum, New York, has resigned the superintendency to accept that of the Pennsylvania Hospital for the Insane, at Philadelphia, as successor to Dr. Thomas S. Kirkbride. He left Willard and entered upon his duties at Philadelphia, September 1.

We deeply regret the loss of Dr. Chapin from the asylum service of this State. He has been associated with the care and treatment of the insane in New York almost continuously for thirty years. After completing a service in the New York Hospital, he was appointed as an assistant under Dr. Gray, at Utica, in 1854, where he remained until the close of the year 1857. He was then induced to take charge of an institution for the blind in Missouri. After two years he found this work uncongenial and relinquished it. On his return to New York he purchased an interest with Dr. George Cook and others in Brigham Hall, a private asylum, and remained there until appointed superintendent of the Willard Asylum, in 1869.

He has been associated with the Willard Asylum since its inception. In 1864, the Legislature of New York, on the recommendation of the Medical Society of the State of New York, authorized the Secretary of the Society to report the condition of the insane in the various poor-houses, alms-houses, asylums, etc., for the insane throughout the State. The law directed the Secretary to transmit to the county judge of each county a series of inquiries calculated to elicit the information desired, the county judge to appoint a competent physician to visit the poor-houses and other institutions mentioned, and report the answers to the Secretary of the Medical Society, Dr. Sylvester Willard, who compiled the information and reported to the Legislature. An act was passed creating an asylum for the chronic insane, and Governor Fenton appointed Dr. Gray, of Utica, Dr. Chapin, of Canandaigua and Dr. Williams, of Dunkirk, a commission to select a site and submit plans for such an institution.

Dr. Chapin heartily espoused the scheme and was an ardent supporter of the enterprise from the beginning.

After the plans of the central hospital building were approved, Dr. Gray resigned from the commission. Dr. Chapin fortunately remained on the building commission and when the structure reached a state of advancement requiring the constant watchful and directing care of experience, he was selected superintendent, in April, 1869. He was the man of all men in the State for the position, and entered on his duties with enthusiasm and devotion. There was unanimity of opinion as to the desirability and necessity for making provision for all the insane in the State institutions. It was claimed on the one hand that it was the speediest and best method of taking all the insane from the county establishments and placing them in State asylums, and that the Legislature would be more likely to make such provision universal, and that the adoption of this system as a permanent policy would result in the removal of all the insane from county care to one or more central institutions for incurables, while on the other hand it was maintained that it would be better to establish institutions of a general character in various sections of the State, to receive from defined districts the acute and chronic insane together. The system of separate institutions, however, was adopted, and in 1866, the Hudson River Hospital was authorized for the eastern part, and in 1869, the Buffalo Asylum for the western part of the State, and the three institutions were pushed forward together. Subsequently the Homœopathic State Asylum was established at Middletown, as a hospital for the reception of the insane generally, and still later the Inebriate Asylum, at Binghamton, was converted into an institution for the chronic insane supplementary to that at Willard. In the meantime, with the opening and organization of Willard, and during its develop-

ment, the counties not being fully relieved, the system of separate care was subsequently extended by authorizing the State Board of Charities to license counties to make special provision for the care of their chronic insane, and fifteen of the counties have made such provision. Thus the system adopted in New York for the care of the insane is partly by State and partly by county asylums.

From the beginning, as an assistant at Utica, and ever afterward, Dr. Chapin has always been a most earnest worker among the asylum men of this State for the universal care of the insane. His zeal, energy, and high capabilities as an executive officer have been conspicuous in the development of the Willard Asylum, and we believe that his experiment there has been carried to the highest point of success which could be expected of the system. That institution has reached a capacity of 1,800 patients, with several groups of buildings on a farm of about 1,000 acres. This is the largest number provided for in any State institution.

We repeat that we deeply regret the loss of Dr. Chapin from the State of New York. He is one of our foremost men, and is intimately identified with the progress in the care of the insane in the State for nearly thirty years. Dr. Chapin is a man of sound professional attainments, conscientious and painstaking in all matters of detail, and of determined purpose in the execution of what he undertakes. We can readily understand, however, the weight of the inducement which leads him to exchange the isolation of Willard for the social pleasures and other advantages of a great city like Philadelphia, and where he can be in full association with medical men, medical societies, libraries, schools, etc. At the same time our cordial wishes are with him for success in the new field to which he

has been called, and we hope that he will be as thoroughly sustained in the further development of the Pennsylvania Hospital for the Insane, as he was at the head of the great institution in this State, which he conducted with such rare ability.

APPOINTMENT OF DR. WISE.—Dr. P. M. Wise, for several years assistant-physician at the Willard Asylum, has been appointed superintendent of that institution, vice Dr. John B. Chapin resigned. This action of the Board of Managers implies a recognition on their part of the value of experience as a prerequisite for the assumption of such important duties, and as such is to be highly commended. Dr. Wise has earned his promotion by long and faithful service as an assistant.

APPOINTMENT OF DR. CARSON.—Dr. James C. Carson, for several years assistant-physician at the Willard Asylum, and more recently superintendent of the Institution for the Deaf and Dumb, New York, has been appointed superintendent of the State Asylum for Idiots at Syracuse, vice Dr. G. A. Dorin.

APPOINTMENT OF DR. WIGGINGTON.—Dr. R. M. Wiggington has been transferred from the superintendency of the Wisconsin State Hospital for the Insane at Madison, to that of the Wisconsin Northern Hospital for the Insane at Oshkosh, upon the expiration of Dr. Kempster's term of service in the latter institution.

ABSTRACTS AND EXTRACTS.

HUMANITY'S BONFIRE.—Of the many sensational headings in which transatlantic newspapers allow themselves to indulge, that of "Humanity's Bonfire," which figures in the *Indianapolis Herald*, is not the least curious. The occasion of it is the destruction by fire of the instruments of restraint in use in the Indianapolis Asylum, of which Dr. W. B. Fletcher is the medical superintendent. A pile, twenty feet high, we are told, composed of cribs, fetters, halters, straps, and other mechanical means of restraint, was the material for an imposing bonfire, which the doctor invited his friends to witness. In terms as glowing as the fire itself, the narrative tells how, "in the presence of the rejoicing inmates and visitors, the torch was applied to the hideous pile, and the implements of restraint were consumed." The superintendent addressed the patients in terms of kindness, and they in their turn cried and shouted for joy, and blessed their benefactor. Prayer was offered by a clergyman. Major Gordon congratulated the asylum-managers on the event, and predicted a similar movement in prisons. The Rev. Oscar McCough said the first great fire in the world was the burning the Pope's Bull by Luther; the second, the burning of the Bastille; while the third was the burning of the instruments of restraint by Dr. Fletcher. The asylum closed these extraordinary services by singing the doxology. So far as this proceeding is an indication of a more humane treatment of the insane than that which obtains in some of the American asylums, we rejoice at it; but the account reads a little too much like a spasmodic effort to introduce a better system without a logical consideration of the whole bearings of the subject of the non-restraint of the insane. Every one knows that there are occasionally cases in the best conducted asylums, in which mild forms of restraint are the kindest modes of protecting the patient from injuring himself and others. The correct discrimination of such cases is not aided by fanaticism, nor yet by "Humanity's Bonfire," however excusable it may be, regarded as a reaction from an intolerable amount of cruel restraint such as appears to have existed at Indianapolis.—*Brit. Med. Journal*, August 16, 1884.

MONSTER COUNTY LUNATIC ASYLUMS.—We have had frequent occasion of late to animadvert on the unsatisfactory state of the law relative to private lunatic asylums, and we have observed with satisfaction in the signs recently forthcoming that the forbearance of the public in this particular is reaching its limit. But whilst fully alive to the importance of not relaxing our efforts in this direction, we can not shut our eyes to the fact that in a far different quarter—that, namely, of the public asylums—a state of things is arising serious enough to justify grave uneasiness, and even alarm. The tendency of late years has been for these institutions to be ever growing larger and expanding their borders, until they are assuming proportions altogether unwieldly; and we see cases in which from 1,500 to 2,000 insane individuals, *supposed to be patients*, are congregated under what is practically one roof, and under the care and control of one medical man.

Now if institutions of this magnitude are intended solely for the *care* of the insane, we have nothing to say against them; but, on the other hand, considered as *curative* establishments, their constitution is a delusion and a snare. To say that a certain number of recovered individuals are turned out annually from these institutions is beside the mark. Thanks to the *vis medicatrix naturee*, cases will often recover when but a minimum of care and attention is bestowed on them. It does not admit of either question or dispute that from the large amount of administrative work necessarily devolving on the medical head of one of these huge establishments his medical functions are practically in abeyance. It is certainly little to the credit of the English lunacy system that the enormous mass of material that annually passes under the eyes of the medical staff of the asylums is almost wholly unutilised.

In saying this we give the explanation of the comparative stagnation of the special department of medicine under consideration, for whilst other branches of the art are advancing by leaps and bounds, psychological medicine, if not altogether stationary, manifests at best but a lame and halting progress. Let us not be misunderstood; we consider that the English county asylums are admirable institutions for the *care* of the insane, and in this regard reflect credit on their management; but as *curative* establishments they are by no means to be looked upon with equal favour. In truth, the great thing needed is the separation of the cure department from the care department of the insane; for whilst for the latter object large institutions are not harmful, and may be

necessary, the establishment of small lunatic hospitals is in many ways imperative for the former. Such institutions officered by able and earnest medical men would doubtless before long yield abundant fruit. The only possible objection to this view—the economic one—has not, we think, any weight. Granted that these small curative establishments might be more expensive than the average county asylums, the extra expense incurred might be, and would be, fully compensated, and perhaps more than compensated, by the saving effected on the chronic cases in the asylums reserved for their care. Such a division of labour would, we entertain no doubt, have far-reaching beneficial effects, and be highly conducive to the welfare of the patients; and in the long run we make no question but that many an individual might be thereby rescued from being a burden on the rates for a period bounded only by the term of his natural life.—*Lancet*, August 23, 1884.

SUICIDES.—No one can fail to be struck by the apparently increasing number of suicides. It may be that the total percentage of these distressing deaths upon the increment of the population has not increased, but it is beyond question that suicide, as a social calamity, has been thrust on our notice of late more than in remoter years. Until the statistical facts are made clear it would be idle to speculate as to the probable cause of this increase, if there be one. It is, however, not merely permissible, but politic, to bestow a passing glance on the subject as a whole. Suicides may be divided roughly into two great classes: those in which the self-slayers are intentionally conscious of what they are doing, and those in which they are either unconscious of their acts or perform them under distinct hallucinations or delusions of idea. This last class—which if not technically definitive will serve for our immediate purpose—is not, we think, a large one. Without hair-splitting, it may roughly be said that the great majority of those who kill, or try to kill, themselves in these modern times and in civilized communities are perfectly well aware of the nature of the act they are performing or attempting, and do the deed with a, so far, intelligent purpose of escaping from misery which seems unendurable, or because of some terror or shame that for the time overwhelms them. The law is mercifully interpreted for the sake of survivors; but, as a matter of fact, scarcely one in a hundred of the so-called cases of “temporary insanity” are

correctly so described. It is heart-breaking or brain-tearing trouble that makes men and women long to die or impetuously seek refuge in death, either in the belief that in dying they will sleep or that consciousness will end in eternal oblivion. We do not say that there is a clearly defined process of reasoning in all these cases, though in the majority we believe there is; but in very few instances indeed is the real inner feeling one which differs greatly from the yearning to escape—anywhere, anywhere out of this misery. The rate at which men and women live nowadays has something to do with this feeling. Boys and girls are men and women in their acquaintance with, and experience of, life and its so-called pleasures and sorrows, at an age when our grandparents were innocent children in the nursery. The young men of the day are *blasé* at two or three-and-twenty, the young women *ennuyée*. Life is played out before its meridian is reached, or the burden of responsibility is thrust upon the consciousness at a period when the mind can not in the nature of things be competent to cope with its weight and attendant difficulties. All this has been said before. There is not a new word or a new thought in it, and yet it is a very terrible and pressing subject. We can not give it the go-by. "Forced" education commenced too early in life and pressed on too fast is helping to make existence increasingly difficult. We are running the two-year-old colts in a crippling race, and ruining the stock. If able and impartial observers would make it their business to ascertain the facts about suicide, they would be doing a good and useful work. We believe, not without some data upon which to base our speculations, that suicide *is* increasing, and that the active cause of the evil is mind-weakness, the result of forced development and premature responsibility. Hasty and too early marriages, too anxious struggles for success in life, too hazardous ventures in business enterprise, the rush of undisciplined and untrained minds into the arena of intellectual strife, and, above all, that swinging of the self-consciousness—pendulum-like—between excess in rigor of self-control and untempered license, which constitutes the inner experience of too many, are proximate causes of the breakdown or agony of distress which ends in suicide. The underlying cause is impatience, social, domestic, and personal, of the period of preparation which nature has ordained to stand on the threshold of life, but which the haste of "progress" treats as delay. It is not delay, but development; albeit this is a lesson rash energy has yet to learn from sober science.—*Ibid.*, September 20, 1884.

ERGOTIN IN GENERAL PARALYSIS.—Dr. Girma, assistant physician to the Asylum for the Insane at Pau, has lately (*L'Encéphale*, March and April, 1884,) made an important contribution to the therapeutics of general paralysis, by publishing his carefully recorded observations after the use of ergotin in this disease. All the cases in which the remedy was employed (eight) were benefited, and he claims a cure in one, in which the diagnosis of general paralysis admits of little or no doubt. While the suspicion of alcoholic excesses in this latter case suggested that pseudo-paralysis in which recovery often occurs, there were no special tremor of the extremities, no terrifying hallucinations of hearing and sight, no profuse sweating, neither were there, at the beginning, any of those sensory troubles which characterise the alcoholic false variety. The experimenter lays stress upon the early use of the drug, pointing out that the cases which he treated were far from favorable. When the disease is well established, the disorganization is not confined to the intellectual region of the cerebrum, properly so-called; and if they are more apparent in the frontal lobes and psychomotor regions, because of frequent meningeal adhesions, they are not exclusively localised there. They extend to the optic thalamus, the corpus striatum, the surface of the ventricles, the pons, &c., and even to the spinal cord and sympathetic ganglia, in the shape of foci of sclerosis causing atrophy, and serous infiltrations, giving rise to softening and disintegration of the nerve elements. Such ravages are, however, as Dr. Girma observes, often but the consequence of frequent congestive fluxes which manifest themselves clinically in various symptoms. And yet even when the disease is well-established, he has shown that these secondary congestions yield to ergotin, notwithstanding the probable existence of distorted thickened and almost impermeable capillaries, and the loss of their contractility in consequence of proliferation of the neuroglia. In one case, general paralysis was diagnosed early in its course, and it was possible to treat with ergotin the initial hyperæmia. While here again the certainty of the lesion was not absolutely established the presumption appears, from the symptoms, strongly in favor of the diagnosis made by the physician. Dr. Girma asserts that ergot, like all other agents, is powerless against the definitely established lesions of interstitial meningo-encephalitis; that it acts only by regulating the circulation in the nerve centers; that the treatment may be curative if the hyperæmia constitutes the entire malady, as one has a right to suppose it does.

in the period of invasion; and that it would only be palliative when the congestive troubles have become fatal complications of an advanced period of the disease.

Certain results were constant in all his cases, such as, the rapid improvement of the general circulation, rendered appreciable by the modified pulse and the very apparent relief of surface congestion, and a general sedation made manifest by the return of outward calm, sleep, &c.

Other effects were more or less frequent. The embarrassed speech disappeared in four of the eight cases. In several cases this symptom recurred on suspension of the remedy—an intermittence which seems to the author to indicate that the embarrassment of speech, which by the way appears early, is not, for a long while at least, the result of a destructive lesion, but rather a simple functional disturbance, having its seat either in the region of the pons or in the speech center.

The absence of epileptiform and apoplectiform attacks during treatment, was noted in all cases, and these seizures were mild in character when they occurred, as they did in two cases, about a month after the suspension of the drug. It would appear, Dr. Girma observes, that the vascular apparatus had acquired a new power of resistance, that it had, so to speak, been held in check by the excito-motor property of the ergot, and that it was thus in constant antagonism with the morbid causes of the congestion. Its effect on the digestive organs is interesting. Seeing that constipation is very frequent in general paralytics, it follows, *à priori*, that anything which favors this condition should be avoided. Dr. Girma found, however, that far from increasing, it actually dissipated, constipation, and in two cases it caused diarrhœa. His explanation of this apparent anomaly is very feasible. In general paralytics in whom torpidity of the bowels is due to a certain degree of paresis, or simply atony of the intestine, excitation of its contractility must tend theoretically—and this was borne out in practice in the cases reported—to re-establish the normal physiological conditions and facilitate the alvine discharges, while the reverse result is obtained in those whose digestive functions are regular, owing to the exaggeration, by means of the ergot, of the normal contractility of the bowel.

In one case, the only one in which it was tried in a woman—the remedy was suspended because it seemed to suppress the menses. It is a fair question whether the ergot was responsible for this result, and the opinion of M. Duboué is cited as being to the

effect that spurred rye has no effect on menstruation, except that, in a few cases, it may hasten the menstrual epoch by a few days.

Dr. Girma asks if the areas of anæsthesia and analgesia as also the muscular contractions which were noted in one case, can be ascribed to ischæmia of the nerve centres or peripheral regions. He thinks not, and mentions the obvious indications for treatment, namely, the suspension or diminution of the drug till these phenomena cease. In a case in which a maximum dose of six grammes was attained, boisterous laughter replaced a precedent calm, and the caution is given to discontinue the remedy on the apparent indication of saturation. No case of gangrene occurred. In common with M. Duboué, Dr. Girma is of opinion that one may safely administer ergotin in daily doses of from two to four grammes over a period of three or four consecutive weeks, and perhaps longer.

He formulates his conclusions in the following *résumé*:

Ergotin, perseveringly used in doses varying from 50 centigrammes to 6 grammes a day, combats cerebral hyperæmia and various functional troubles which appear to be the direct result of the former (excitement, violent delirium, embarrassment of speech, insomnia). Administered in the initial (congestive) period, it seems to prevent the process of invasion of the neuroglia and may bring about the patient's entire recovery. At a more advanced period it still acts as a powerful sedative, is capable of preventing epileptiform and apoplectiform attacks, or at all events mitigates their severity. It regulates the digestive functions of general paralytics, far from inducing, as one might suppose, according to the usual effects of ergot, a state of constipation. In therapeutic doses of from two to four grammes, continued for three or four months, it does not appear to give rise to the grave phenomena of ergotism.

[Note by Dr. Girma. The preparations known under the name of ergotin, (aqueous extract of Ergot of Bonjean, alcoholic tincture of Ergot of Yvon, etc.,) are more easily administered to the insane, and may be even used in subcutaneous injections. For this reason we have given them the preference. If not actuated by these considerations one may use freshly powdered ergot which enjoys the same therapeutic virtues.]

BALLET ON EXOPHTHALMIC GOITRE.—The general results at which the author arrives after an inquiry into this subject are as follows :

1. To the classical symptoms of exophthalmic goitre (palpitations, swelling of the neck, tremor,) there are occasionally added others which, like them, are attributable to disorders of the nervous system.

2. These symptoms are on the one hand *convulsive* (epileptic or epileptiform attacks), or on the other *paralytic* (hemiplegia or paraplegia); also pretty frequently albuminuria, glycosuria, or simple polyuria may be observed.

3. These convulsive or paralytic complications appear to arise, not as the direct result of the Basedow's disease, but of another coincident neurosis (epilepsy, hysteria).

4. Sometimes certain convulsive phenomena (epileptiform attacks) seem intimately associated with exophthalmic goitre itself, and the special clinical conditions under which they are manifested authorise in us connecting them with disturbance of the cerebro-bulbar circulation, itself occasioned by perturbation of the action of the heart.

5. Among the paralytic disturbances some are of minor importance, such as the weakness of the hands, the temporary paresis of one or both upper extremities, and the feebleness of the lower limbs. They may be looked upon as directly dependent either upon the tremor, or on functional derangement of the cerebral circulation.

6. The polyuria, albuminuria, and glycosuria are probably more frequent than might be supposed from previous researches, and they indicate a derangement of the bulbar innervation.—*Brain*, July, 1884, from *Revue de Médecine*.

AMERICAN JOURNAL OF INSANITY, FOR JANUARY, 1885.

A CASE OF TUMOR OF THE BRAIN.*

BY THEO. W. FISHER, M. D.,
Superintendent Boston Lunatic Hospital.

F. H. C., born in Boston, single, clerk, aged twenty-four, was admitted to the Boston Lunatic Hospital, February 15, 1884. The record further states that he was a Protestant, with a good high school education, naturally cheerful, and very conscientious, with no bad habits of any kind known to his friends. His father, who is living, was a moderate drinker. His mother died of phthisis. Nothing is known of his father's family by our informant. No heredity except phthisis on mother's side. One maternal aunt died of apoplexy, and one maternal uncle died of Bright's disease. His mother died when he was ten years old, but is said to have been in consumption when he was born.

Patient is said to have had epileptic attacks at five years of age and after. He had a small head, and was a delicate boy. Left school at seventeen, and has been a clerk in the same store for seven years. Of late years has had headaches. One year ago, February, 1883, he had neuralgia in the left side of head and temple. The pain was not constant, but lasted five weeks, and was accompanied with vomiting. There

* Read before the Association of Medical Superintendents of American Institutions for the Insane, at Philadelphia, May 15, 1884.

was no fever, though it came on after a cold. Dr. Wadsworth saw him from this time till the last of July with reference to his vision, and the record he has kindly furnished is inserted here.

February 18, 1883. Never troubled with eyes till lately, though has not thought them strong. Three or four weeks ago, while at work, noticed blur, and soon double vision when he looked up at any one. This was just after a severe cold, which had left neuralgia through tempies and in eyes chiefly. The neuralgia was worse at night, and three times had caused vomiting; the last time ten days ago. Neuralgia continued till a week ago, when it almost entirely disappeared under treatment. Double vision has continued; not observed all the time; may look at something and see single, then again double; it is observed chiefly when he looks off at a level. Not at work last two weeks. Never had syphilis or rheumatism. There is slight conjunctivitis and blepharitis. No apparent loss of movements of eyes. There is vertical diplopia of small amount when the eyes are turned to the right, horizontally and upward, not in other directions. The upper image is that of the right eye. Eyes externally normal; pupils rather large, react well enough; vision normal, $\frac{14}{10}$; accommodation good; fundus normal, R. and L. Pot. iod. gr. v., t. d. Zinci sulph. gr. $\frac{1}{2}$, Aq. $\frac{5}{8}$ i, Coll. Ung. zinci oxyd.

22d. Neuralgia waked him at 3 A. M. on 20th, disturbed his sleep the rest of the night, and continued through yesterday; none to-day. Double vision as on 18th. Quin. sulph. gr. ii, q. d. Exercise.

25th. Neuralgia again 5 A. M. to-day, not so severe as on 20th, but caused retching and vomiting small amount of greenish fluid. Now, 1 P. M., has a dull feeling in forehead. Digestion good, dejections regular, appetite fair. Double vision as before, except that once there was while testing it some lateral separation of images when eyes turned up and to right, and vertical diplopia when turned upward. Quin. gr. xii to-day, xvi to-morrow.

27th. Pain all day yesterday; did not sleep till one this morning; waked at 7, but slept till 11. Pain not so severe as before. No vomiting; less now. Quin. 24 grains during day.

March 1. No pain 2 days. Ears buzzed after 24 grs., and only 16 yesterday and to-day.

5th. Since the 1st a pretty continuous "sort of pain" through temples or in back of head, not in eyes so much. Since last even-

ing pain in back of neck when moves quickly. Double images as before. Some acne from iod. Omit P. I.

11th. Occasionally slight headache in top of head. Otherwise felt well. Double vision observed less. I find it as before. He now sees a little better with 0.5 cylinder before each eye. May go to work. Drop quin. gradually.

18th. Has been writing, but not done full work. Double vision has troubled him rather more. Diplopia about as before, only sometimes slight vertical doubling also when eyes turned to left. When looking across the room he can correct the diplopia by tipping his head a little toward the right shoulder. The diplopia is not always precisely the same, though nearly so. Has had no headache. Taken exercise, and feels generally well. Quin. gr. ii, t. d. for a week.

25th. Yesterday morning and this morning slight neuralgia, not enough to wake him. The diplopia in general about the same, but varies a little. There is now, and has been before, some difficulty in turning the eyes much upward. A prism of 2° base up and out before the right eye corrects the diplopia, and this, together with 0.5 cylinders for each eye, is ordered to be worn constantly.

April 15th. Only obtained glasses to-day, and finds they relieve the diplopia.

29th. Has had no double vision since wearing glasses. "Cold" the past week. Did well till two days ago, when he began to have some "grumbling" in eyes, yesterday more and in forehead, and waked early this morning by pain and vomited. Now after being in open air feels better. Quin. gr. ii, morning, noon and night and vi at bed-time.

July 12th. Wore glasses constantly without diplopia till two or three weeks ago, then began to notice double vision in the street; this was noticed more and more, and four days ago found he could see better without the glasses. The last two or three days has left off the glasses part of the time while at work, and thought he could do better without them. For a month he has noticed that while dressing in the morning without the glasses he could see better and better. He now has double vision with the glasses looking across the room, not without them; double vision with glasses to right, not to left. There is at 18" without glasses, vertical diplopia of small amount when the eyes are turned strongly to the left at all heights, also, very little, when the eyes turned to the right and down. There is the same difficulty in turning the eyes upward that was noticed in March. Drop the prism.

26th. Been working steadily. Few days ago began to have a little smarting of eyes, and for one or two days a little neuralgia; relieved by Q. S. ii. morning and night. Now vision for distance improved by weak concave glass (slight spasm of accommodation) $\frac{1}{16}$. Fundus normal, as before.

In August became nervous and disturbed in mind. Thought his work was not properly done. He had for a year had scruples about the propriety of his attending communion at the church to which he belonged. Felt himself unworthy for some cause, real or imaginary. He was advised to take a vacation, and sailed for the Azores. On his way out the pain in his head returned, and he lost control of his movements on one or two occasions. Threw the medicine glass from him by an involuntary movement of his right hand. His food looked indistinct on his plate, as he could not focus it properly. Returned at once on arrival at the Azores. In September, while near the Bermudas, felt better because of the hot weather. Arrived in Boston October 6th, where his sight failed more rapidly. He had headache, but no nausea. He had black specks before his eyes and carried his head backward in order to see. Sight of left eye failed first, and by December he was blind.

During the fall he became childish, but had no delusions. Occasionally thought he heard strange voices in the room. When walking went to the left without knowing it. Once fell backwards to the left. Deafness came on slowly after November. February 12th, 1884, lost consciousness, and his thumbs and hands were turned in. The attack came on without trembling, and lasted forty-five minutes. He was red at first and then pale. His right arm is said to have been powerless before the attack. He was more stupid after the attack, and swallowed with difficulty. He

had once before fallen out of bed injuring his knees and chin, and did not seem to feel the hurt. His right patellar reflex was increased and the left diminished. He had no headache during the winter, and was at no time depressed or violent, but simply stupid.

The preceding account was given by Dr. Ida D. Clapp, homeopathist, who had him in charge both before and after his visit to the Azores. Dr. J. Heber Smith, homeopathist, was called by her in consultation several times. He was also seen by Dr. A. N. Blodgett, in August. Application was made for his admission to the Massachusetts General Hospital, February 14th, and Dr. James J. Putman examined him with reference to that application. Dr. Putman kindly lent me his notes from which such facts are taken as have not been previously noted. He says:

The pupils were usually dilated and slow to react. There was some diplopia, and in order to overcome it, the head had to be thrown back so that the eyes were in the position of looking downwards. This manner of carrying his head was retained till near his death. There was slight ptosis of the left eyelid, and Dr. Clapp thought the color of the iris changed from grey to green. After his return from the Azores some difficulty in swallowing and a loss of power in his right hand were noticed. He began to be childish, and lost all initiative, all interest in things, and his power of attention seemed to be gradually snuffed out. The neuralgia ceased about two weeks after his return, and did not come back. There was no more vomiting, and he slept well. Was able to pass and control his urine. Sight of left eye began to fail in September, and hearing soon after. It was hard to say whether deafness was primary or only dependent on his mental condition, because he would respond to his sister's voice when not much raised, when he failed to hear a strange voice, though much louder. Could understand some words and not others. Felt impelled to the left in walking as early as September. The gait was reeling. Fell back and to the left once or twice. Hands unsteady. No great loss of sensibility, though mental condition made it hard to determine its extent. There was nystagmus and strabismus. The skin was dry and scaly.

Application was refused on account of his mental condition.

The patient was examined by Dr. Smith and Dr. George F. Jelly for commitment to an insane hospital. The certificate, on which he was received at the Boston Lunatic Hospital, states that he had an epileptic seizure February 12th, that he is "dazed and demented, and unable to give intelligible answers to questions. He can not walk without assistance, and when walking and even sitting still his body sways to the left. There is total inability to stand alone. He is blind and quite deaf. All his symptoms indicate impairment of the brain, and perhaps a new growth there." The causes assigned are "over-work and self-abuse." The latter cause was alleged, I believe, on the strength of observations made during his sickness in bed, and may have been a symptom rather than a cause.

The following examination was made and recorded by Dr. Philip C. Knapp, Jr., hospital interne, on February 15th, the day of his admission:

Circumference* of head 55 cm. One external auditory meatus to another, 34.8 cm. Root of nose to occipital protuberance, 35.3 cm.; long diameter, 18.8 cm.; biparietal diameter, 14.6 cm.; bitemporal diameter, 13.3. Pupils were small before being dilated by atropine. Right internal strabismus present. The right eye not moving outward beyond medium line. Lies perfectly impassive, and does not seem to see anything. Objects can be brought down very closely to his eyes without making him wink, unless he feels the wind from large objects. Winks on irritating the conjunctiva or margins of lids. Moves face and eyes a little. Nystagmus noticed. With ophthalmoscope double optic neuritis observed. Yawns naturally, but will not protrude tongue. Tongue moves naturally in mouth when jaws are forced open. No response to irritating face. Resists opening his mouth with both hands, using the right most powerfully. Makes no response to

*These dimensions are fully up to the normal averages given by Kraft-Ebing.

any cutaneous irritation, but moves eyes and face a little as if disturbed when anterior nares are irritated. Arms being raised in the air, they are held in position for a minute or two. The right being held up longer; this phenomenon was not present on later trial. Examination of chest and abdomen negative. Abdominal, epigastric, cremaster, gluteal and plantar reflexes normal; costal reflex slight; triceps very slight; no patellar or ankle clonus; patellar reflex very faint in left knee, exaggerated in right; slight front tap contraction right. Temperature, 97.9°; pulse, 64; respiration, normal.

The hospital records state that the patient on admission took supper, but seemed to swallow solids with difficulty. Passed urine naturally.

February 16. Lies with his eyes open and pays no attention to anything. After shouting in his ear he once said in a natural voice, "Did you speak? I can't hear a word you say." Swallows with difficulty. Liquid diet ordered to be given with great care. Patellar reflex nearly alike on both sides. No front tap contraction. Evening—Pulse, 90; respiration, 30; coarse râles in trachea since taking beef-tea at supper.

February 17. Lies with head thrown back to the left. Hurts him to straighten it. Strabismus is not apparent as he lies. Uses his hands a little. Uses urinal when placed in position. Soils the bed; bloody sputum on pillow. Pulse, 124; respiration, 24. Evening—Pulse, 100; respiration, 31; temperature, 101.°

February 18. Slept but little. Pulse, 120; respiration, 28; temperature, 103. Loud moist râles over front chest on expiration. Evening—Face dusky; tracheal râles. Pulse, 120; respiration, 32; temperature, 103½°.

February 19. Pulse 108; respiration, 25; temperature, 99½°. Evening—Pulse, 120; respiration, 30 to 40; at times much obstructed by mucus in trachea; temperature, 103.2°. Swallows fairly.

February 20. Lies with his head turned to left. Pressure over cervical vertebra, on attempting to move head seems to cause pain. Feet in marked plantar flexion. Some contracture of gastrocnemius preventing full dorsal flexion. Slight contracture of muscles of back of thigh. Respiration rapid, with tracheal râles obscuring chest sounds. Strabismus and nystagmus persist. Temperature, 102.9° ; pulse, 116; respiration, 36. Evening—Right eye injected. Pulse at 9.40, 144, respiration, 44; temperature, 103° .

February 21. Pulse, 114; respiration, 30; temperature, $99\frac{1}{2}^{\circ}$. Evening—Dying. Pulse almost gone. Left external strabismus.

February 22. Still alive. Swallowed a little brandy. Pulse, 136; respiration, 56; temperature, 100.5° . Right external strabismus. Died at 10.30 P. M.

Record of autopsy on F. H. C., February 23, 1884. Autopsy 16 hours after death. Body small, poorly developed, somewhat emaciated, lividity of dependent portions. Rigor mortis present. Skull measured ant. post. 17.7 cm., trans. 13.9 cm. Calvaria measured in thickness $1\frac{1}{2}$ mm., with the exception of the longitudinal sinus, where it measured 5 mm. Inner portions of the calvaria showed an irregular surface of a dark, bluish color, inner table being everywhere absorbed and diploë exposed. Longitudinal sinus contained a small amount of partly coagulated blood. External surface of the dura showed marked vascularity and a somewhat ragged surface. Inner portions showed nothing remarkable. Brain completely filled the cavity of the skull and weighed 1,605 gm. Pia rather pale and dry. Convolutions flattened. Sulci obliterated. Vessels at the base and in the fissure of Sylvius showed nothing remarkable. Lateral ventricles contained each by estimate 75 c.c. clear fluid. Ependyma everywhere smooth and shining. Choroid plexuses pale. Region of the corpora quadrigemina, and the pineal gland occupied by a globular, soft, reddish grey mass measuring 30 mm. in all its diameters. It extended to, but apparently did not involve the corpora geniculata. Over it lay the velum interpositum, and the venae galeni much stretched. On section, the tumor showed the same reddish-grey basis-

substance with numerous red specks and streaks, evidently blood-vessels. To the left of the middle, sagittal line of the tumor were three or four pearly-white bodies, varying in size from a large pin's head to a filbert-meat, showing a concentric laminated structure. No trace of the pineal gland or anterior corpora quadrigemina could be made out. Of the posterior corpora quadrigemina only a layer about 2 mm. thick remained on the posterior surface of the tumor.

The fourth ventricle showed nothing remarkable. Brain substance in general firm. Cortex of the usual thickness, good color, white substance showed nothing remarkable. Section of the basal ganglia, pons, medulla and cerebellum showed nothing worthy of note. Between the periosteum of the canal and the dura extending from the foramen magnum along the cervical cord was a considerable amount of dark, firmly coagulated adherent clot, otherwise the cord and membranes showed nothing of note. Diaphragm, 3d intercostal space on the right; 4th intercostal space on the left. Pericardium contained fluid enough to moisten the surfaces. Heart small. Right ventricle and auricle distended with dark fluid blood. Left ventricle contracted and empty. Aortic and pulmonary valves sufficient. Mitral admitted the tips of 3, the tricuspid the tips of 4 fingers. Valves, cavities and muscular substance not remarkable. Pleural surfaces free from adhesions. Left lung partially retracted, pale and crepitant. Upper lobe dark in color. Over the lower lobe numerous nodules the size of peas could be felt externally. On section the surface showed numerous reddish-grey granular nodules. Bronchial mucous membrane reddened, injected and covered with a layer of bloody mucus. Pleural surface of right lower lobe covered with a layer of thin, fibrinous false membrane. Lower lobe non-retracting and non-crepitant. Section showed a reddish-grey granular surface. Lobular region being well marked. Bronchial mucous membrane as in left lung. Spleen, kidneys and liver showed nothing remarkable beyond smallness of size. Intestine showed nothing of note beyond a tarry contents of the small intestine. Nothing remarkable about mucous membrane. Aorta thin and elastic.

DIAGNOSIS.

Diffuse atrophy of skull.

Chronic internal hydrocephalus.

Tumor of velum interpositum (vascular sarcoma).

Hæmorrhage into the space between dura and periosteum of vertebral canal.

Acute fibrinous pleurisy.

Acute bronchitis with broncho-pneumonia hypoplastic aorta.

Microscopic examination of the tumor showed varying appearances. In parts it was made up wholly of very numerous small round cells, imbedded in a delicate connective-tissue mesh, and abundantly supplied with blood vessels.

Other parts showed a distinct alveolar structure, the spaces being filled with nests of medium-sized, irregular, rather plump cells. In patches these cells were seen lying, flattened against one another in clumps.

The pearly nodules were made up of pale, glistening, thin, homogeneous scales concentrically arranged.

Diagnosis of tumor, vascular sarcoma with cholesteatomatous portions, growing probably from the velum interpositum.

Microscopic Examination of Brain and Cord.—Nothing abnormal was observed in the brain beyond the fact that the vessels contained rather more blood, and that the perivascular spaces were somewhat wider than usual.

Cord, Cervical Region.—The perivascular spaces wide, were filled with a finely granular material, an appearance characteristic of albuminoid fluids when acted on by a hardening agent.

Dorsal Region.—Marked dilatation of central canal, the epithelial lining being intact. The perivascular spaces widely distended, and filled with a similar, finely granular material.

The appearances of sections of the lumbar region were similar to those of the dorsal region.

<i>Symptoms in the Order of their Occurrence.</i>	<i>Probable Causes or Corresponding Lesions.</i>
Neurotic constitution, delicate health and epilepsy at five.	Phthisis in mother at time of birth.
Vascular sarcoma at age of twenty-three from velum interpositum.	Cause unknown, unless cerebral congestions from over-work or other causes.
Left hemicrania.	Irritation of nucleus of fifth nerve.
Vomiting.	Irritation of pneumogastric branch of eighth nerve.
Diplopia.	Paralysis of third, fourth or sixth nerves.
Slight ptosis on left.	Paresis of third nerve.
Dilated pupils.	Paresis of ciliary branch of third nerve.
Deep-seated pain in parietal and occipital regions.	Commencing intracranial pressure.
Inability to turn eyes upward.	Paresis of third and fourth nerves.

<i>Symptoms in the order of their Occurrence.</i>	<i>Probable Causes or Corresponding Lesions.</i>
Spasm of accommodation.	Irritation of ciliary branch of third nerve.
Loss of mental initiative.	Pressure on cortex from internal hydrocephalus.
Lost of control of right hand on taking a cup.	Reflex phenomenon due to loss of control of the centers of motor inhibition.
Loss of sight, first of left eye then of right.	Pressure of tumor on part of optic tract in the corpora quadrigemina, or pressure of plexus in third vent. on optic chiasm.
Strabismus of changing character.	Paresis of third or fourth nerves.
Nystagmus.	Tremor of muscles from innervation of third, fourth and sixth nerves.
Dementia.	Intracranial pressure on cortex.
Hallucinations or illusions of hearing.	Irritation of auditory nerve nucleus in floor of fourth vent.
Gait reeling, with tendency to turn or fall to the left.	Vertigo from irritation or paresis of nerve (7th) supplying the semicircular canals?
Deafness, if primary.	Pressure on auditory nerve nucleus.
If secondary.	Pressure on cortex.
Diminished sensibility to pain.	Pressure on cord and medulla or cortex.
Loss of strength in hands and unsteadiness.	Paresis from intracranial pressure.
Unconsciousness.	Pressure on cortex.
Spasms of thumbs and hands.	Irritation of Ferrier's center for hands.
Dysphagia.	Second branch of eighth nerve.
Inability to stand.	Paresis from pressure.
Right patellar reflex increased, left diminished.	Inhibitory center in left hemisphere weakened more than the opposite one.
Skin dry and scaly.	Malnutrition from deficient innervation.
Double optic neuritis.	Choked discs from passage of fluid from arachnoid cavity between outer and inner sheaths of optic nerve.
Pain on straightening head and tenderness over cervical vertebra.	Pressure of clot on cervical cord.
Turning of head back and to left.	Semiconscious effort to relieve pain.
Plantar contraction on both sides.	Pressure on cervical cord by clot, or on medulla by hydrocephalus.

Tumors of the brain are of such comparative infrequency, and cause such a variety of complex

symptoms that they are always worthy of study. New light is thrown upon cerebral function by almost every case. Although presenting psychical derangement in from one-third to one-half of all cases they are not often met with in hospitals for the insane. In the case in question the residence in hospital was so short and the dementia so excessive that some of the usual tests for impaired motion and sensibility could not be applied.

Tumors of the brain may be of three kinds: new formations, vascular tumors, and parasitic growths. According to Ross ("The Diseases of the Nervous System," London, 1882), they are twice as frequent among men as among women. Tubercle is the most common form met with, especially in youth, and in the present case, in view of the phthisical heredity, tubercular tumor might have been anticipated. There was no history of syphilis and no reason to suspect the presence of a syphilitic growth, which may occur at any age. Cancer of the brain is most frequent in persons over fifty years of age. The other forms of tumor are of accidental occurrence, and can not be predicated from any observed diathesis. I will name them simply to refresh my own memory and yours. Glioma, hard and soft, fibro-glioma, glio-sarcoma, hyperplasia of the pineal gland, myxoma, carcinoma, cholesteoma, papilloma of the pia, sarcoma, lipoma, psammomum, osteoma, cystic growths and angioma. The preceding are new formations to which must be added aneurisms and parasitic growths, the latter of two kinds, viz.: cysticercus and echinococcus. With such a variety of forms any attempt to determine before death the kind of tumor present must be guess-work.

Tumor of the brain must be regarded both as an irritative and a destroying lesion, consequently pain, spasm, paresis and sympathetic organic disorder may be expected. The most constant symptoms are pain in the head, vertigo, neuralgia, sensory and motor derangement of cranial nerves, affections of the special senses, vomiting, dysphagia, polyphagia, polyuria or saccharine urine. When internal hydrocephalus occurs as in the present case from pressure on the vena galeni or softening from pressure on the arteries, general paresis or general motor and sensory disturbance with psychical disorder occurs. The latter may be purely emotional and of the hysterical form, masking for a time all other symptoms. Ten years ago, or more, I had a case in which for several weeks hysteria seemed to be the more reasonable diagnosis. I was supported in this view by the late Dr. Calvin Ellis. Although the possibility of tumor was admitted, no positive evidence was obtained until optic neuritis was discovered by Dr. Hasket Derby.

The excitement may become maniacal when the irritation or hyperæmia is excessive. There are often outbursts of passion and fury, and there may be hallucinations or delusions, the latter sometimes of the grand type simulating those of general paresis. None of these conditions were present in the case before us, but instead, mild depression and self-depreciation, loss of mental grip and initiative, followed by a gradual extinction of the mind. The increasing pressure from within upon the cortex, which is shown by the absorption of the inner table of the bones of the skull slowly snuffed out its functions as with a leaden extinguisher.

Diagnosis is sometimes difficult between tumor of the brain and apoplexy, chronic softening, abscess, atrophy and hypertrophy. A careful analysis of symptoms extending over a period of weeks or months

will prevent mistake in most cases. Optic neuritis, which is a valuable aid to diagnosis, may be delayed so as to afford no assistance, but should be looked for frequently. In the case before us it was not present the first six months, and its discovery was not reported, if made, until the patient came to the hospital. The diagnosis of tumor had however been made without it by several physicians. The cause of this symptom has been in dispute. It was formerly supposed that the hyperæmia and swelling of the optic nerve which caused the appearance known as choked disc was due to intracranial pressure on the ophthalmic vein. Prof. Schweigger ("Hand-book of Ophthalmology," 1878), of Berlin, admits that these phenomena are caused by a stasis of blood, but thinks intraocular pressure insufficient on anatomical grounds to account for it. A swelling of the nerve itself would be a sufficient and more reasonable cause. He presents the views of Schwalbe, Manz, Schmidt and others, that choked disc is due to an accumulation of arachnoidal fluid between the inner and out nerve sheaths, retained there by intracranial pressure. Although he does not fully endorse this view, it is the generally accepted one. I believe, with most authorities, optic neuritis is not pathognomonic of brain tumor, as it may exist independently of it, and cerebral tumors may exist without it.

There is little to be said regarding prognosis and treatment. The former is always unfavorable except in case of syphilitic tumors, which may disappear under appropriate treatment. In any case treatment by large doses of iodide of potassium is warranted as an experimental measure. In the case in hand it was not used, except in five grain doses, as far as I am informed.

REPORT ON TINNITUS AURIUM.*

BY GEORGE C. CATLETT, M. D.,
Superintendent of the Lunatic Asylum, St. Joseph, Mo.

This report on the pathology of tinnitus aurium, is intended to be only supplementary to the report of the chairman of the committee on the pathology of the cerebro-nervous system.

It is not intended to be an exhaustive report on the subject, as its literature is too extensive to be embraced in an essay. The report will necessarily contain little original matter, and must, therefore, be a condensed résumé of the pertinent literature of the subject.

The opinions and language of authors appropriated will be credited in a bibliographical foot-note.

The subject is presented to the attention of the association because, from the clinical experience of the writer, he has been impressed with the importance of the subject, and also from his belief that psychologists and neurologists do not generally properly estimate the influence that aural diseases have upon nervous and mental disorders, and therefore do not give to it the attention and study that its importance demands.

The neurologist would consider his examinations of the diseases and lesions of the brain scientifically incomplete and inconclusive if the fundus of the eye and the optic branches were not included in the examination. So necessary is this knowledge that neurologists make the study of the examinations of the eye and of optic pathology a part of their education to enable them to

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diagnose cerebral tumors, locomotor ataxia and other cerebral diseases and lesions.

Dr. G.^rL. Walton, in a late article on the neglect of ear symptoms, says, that the situation of the optic nerve, is such as to render it peculiarly susceptible to alterations from cerebral lesions, while the relation of the auditory nerve is not such as to warrant the assumption that the study of its functions would throw an equal amount of light upon nervous pathology. It is also true that the optic nerve is generally eligible for direct examination, while the auditory nerve is not.

Notwithstanding these facts, none would claim that the neurologist has nothing to gain from the study of the ear, and it is highly probable that systematic examinations of the hearing and of the ear in cerebral disorders, whether deafness is suspected or not, would, like the examinations of the sight and the eye, not only aid much in actual diagnosis, but add greatly to our knowledge of the central nervous system. He instances the presence or absence of deafness as of the utmost importance in diagnosing lesions of the pons or medulla oblongata or of the cerebellum.

Tinnitus aurium, considered both in its acoustic and neurotic associations, is a most important symptom of pathological conditions. For the purpose of investigation, it may be divided into the perceptive and the acoustic variety. The former being the product of psychical perception, and the latter a symptom of a pathological condition of the auditory conducting structures or organs.

It is an unsettled question whether tinnitus aurium ever originates as a purely psychical symptom which is manifested during the progress of nearly every disease that affects the acoustic organ, and it is no less an important than a general symptom. On this interesting subject, I quote from Politzer's recent work:

The subjective noises in the ear which are always caused by some irritation of the auditory nerve, arise either from disease of the ear itself or by reflex transmission from the cerebral and spinal nerves, to the auditory nerve. From these subjective sensations the so-called intra-tympanic noises have to be distinguished. These are the noises that are objectively perceptible to the patient and to the examiner, being produced by various pathological conditions in the interior of the ear, as muscular noises, vascular noises, mucus rattling. In diseases of the eye, the subjective sensations of sight are with only few exceptions projected outwards; the *muscæ volitantes*, the sparks and flames, the colored rings, and spots, which occur in diseases of the eye, are always seen by the patient outside the eye. It is different with the subjective sensations of the ear. These in the great majority of cases are perceived in the ear itself. In many cases in the interior of the head, in the occiput, in the region of the temple, and at the parietal bone. Only rarely is this sensation of hearing referred outside, and this generally happens at the commencement only of the subjective noises.

The strangeness and unwontedness of the sensations, may in this instance, easily lead to deception, without its being justifiable to call them hearing hallucinations. He referred to cases in which the sensations of hearing in the beginning, give rise to erroneous imaginations, which, however, ceased as soon as the faculty of judgment controls the phenomena, and corrects the imagination. If it is conceded that hallucinations of hearing do not, on the whole, occur frequently in aural patients without the conjunction of an altered state of the brain, "may not this pathological cerebral state originate in the irritation caused by the cerebral excitement consequent upon the aural tinnitus?"

In subjective noises of long standing, the sensation may also be referred to the outside, in which case, however, the patient is not under a false impression, but knows that he has to deal with a subjective sensation. Very varying statements are made by aural patients in regard to the kind of noises they hear. All such statements can not be correct for what one takes for rushing,

another will call hissing or whizzing, and many patients assert that they are not able to compare their subjective sensations with any known objective noise. Most frequently hissing noises of different intensity are stated to be heard, next most common is a noise similar to that of boiling water; the rushing and roaring of a waterfall, the humming of a swarm of bees, or of a shell held before the ear, the noise of leaves in the woods, when the wind blows through them, the sensation of ringing of bells, metallic tinkling of different intensity, droning and whistling in the ear, the rumbling noise of a railway train, the chirping of crickets, the twittering of birds.

Besides these phenomena, the strangest noises are often perceived; for instance, inarticulate human voices, the barking of a dog, the smashing of panes of glass, grinding of scissors, the breaking of beams in the head, the sound of a trumpet, the tone of a low or high pitched violin string, chaotic musical tones, crashing and cracking in the ear, pistol shots, clattering, the sensation of wind rushing out of the ear, the knocking of a hammer, the noise of a mill, the croaking of frogs, etc.

Each of these sensations may remain constant and unchanged, or several kinds of noises may be perceived simultaneously, even in the same ear being plainly distinguishable, or single noises change alternately, or one replaces the other more permanently. It is not uncommon for persons to hear a variety of noises simultaneously, as singing, hissing, droning, barking of dogs and inarticulate human voices in the street. Sometimes very intense permanent noises cease during the ringing in the ears and return again immediately after its disappearance, with the former intensity.

The writer, in 1879, became acquainted with the history of a Californian, which illustrates the influence

of the above character of distressing noises. The person alluded to was a citizen of San Francisco, a man about fifty years of age, an enterprising, moral, sober person, a successful merchant, who had enjoyed uninterrupted good health previous to the accession of the persistent and peace-destroying tinnitus, which supervened without previous systemic or organic disorder. He endured the torments of a variety of auditory sounds all of evil import, but more persistent and tormenting than the others, were the subdued voices of persons counseling together and devising plans for his torture and destruction.

Influenced by fear, he abandoned his business, forsook his family and home, and became a wanderer over the earth, fleeing ever from the evil voices that relentlessly pursued him. In his wanderings he had visited most of the countries of Europe, also Australia and South and Central America, the West Indies, and lastly Spain and the eastern cities of the United States.

The above was the history he gave when visiting me for medical advice.

Before visiting me he had been driven from his hotel in Kansas City, on account of his disturbing the guests by nightly combats with his pursuing tormentors. The telegraphs were used to aid his enemies, and all modern inventions were especially designed by them for use against him. The telephone was the last invention which his persecutors constructed.

The instrument was always immediately adjusted to his hotel room. He could hear his enemies consulting through it. Lastly, he fled to an isolated, country house where only a family of a few persons resided. This also proved to be an equally unsafe refuge, for on the second night of his residence therein, a multitude of negroes gathered around the dwelling and devised in his hear-

ing horrid tortures for his destruction. He repeated their very language to me in relating his story. The following night, after consulting me in his room at his hotel, a pistol shot fired by himself, ended his earthly journeyings, to commence it may be, others in the unknown world.

Having had no opportunity to examine the condition of his ears, I am unable to report whether his hallucinations had any association with aural disease.

Subjective noises in the ear arise from disease in the organ of hearing, sometimes through causes situated outside the ear. In the different diseases of the ear the affections of the external meatus and more frequently the diseases of the middle ear are accompanied by subjective noises. These sensations of hearing occur in affections of the middle ear, and are produced not unfrequently by simultaneous pathological changes, but more often by an abnormal increase of pressure in the labyrinth. This increase of pressure is caused either by the clogging of its fenestrae with masses of exudation, or by the anomalies of tension of the ossicula. Subjective noises may be continuous or intermittent. When continuous their intensity is rarely uniform. Fluctuations in intensity occur which have their cause in the pathological process itself, but more frequently in the action of external influences and in the changes in the general health of the patient. In some cases where no continuous noises occur, subjective sensations of hearing are frequently produced by certain kinds of objective noises, the tinnitus lasting either only as long as the objective noise or much longer than it. In some cases tinnitus is caused by the striking of a clock, others hear the strokes resound in the interior of the ears. Others again perceive at the moment the clock struck a confused tinnitus.

Subjective noises are frequently produced or increased by temporary changes in the organism, for example: bodily and mental exertion, remaining for some time in a bent position, speaking, coughing, sneezing, excessive use of spirits, indigestion, or other causes which produce an irritation of the nervous system will induce increase in the noises in the ear. Frequently an aggravation of the subjective noises occurs if the individual be taken ill or seized with any indisposition; also if the emotions be excited, as well as during menstruation, pregnancy, and the puerperal state. When the body is well and the mind at ease, when cheerfully disposed, in fine, clear weather the subjective noises are heard less intensely. Politzer further states that in cases in which pathological changes in the middle ear had been proven by examination, as also in those cases in which the diagnosis was undecided as to whether or not there existed disease of the middle ear or of the labyrinth, he observed often a decrease, less frequently an increase of tinnitus as long as pressure on the mastoid process was continued. A change in the intensity of the noises is also produced by closing the external meatus with the finger. Weak noises that can hardly be perceived by the patient will become stronger if the meatus be closed. This is explained by the change of pressure in the labyrinth and by excluding the external noises when the meatus is closed. Hyperæsthesia acoustica has no connection with subjective noises in the ear, nevertheless from its symptomatic significance the psychologist and neurologist should recognize the importance of its connection with cerebral and neurotic affections.

To facilitate a proper understanding of the pathology of tinnitus, the assigned causes will be briefly enumerated. Dr. Buck states that it is due to hardened cerumen

upon the drum membrane; to spasmodic contraction of the muscles of the Eustachian tube. The sounds resemble a succession of taps. They also resemble the pattering of rain on a tin roof.

There is some discrepancy of opinion as to the exact pathology of the noises occurring in this spasmodic contraction of the tensor tympani, whether they are due to the separation of the pharyngeal lips of the Eustachian tube or to the vibrations of the drum. Excessive or continued use of quinine produces hyperæmia of the vessels of the tympanum.

Sub-acute catarrh and the diseases of the Eustachian tube are alike characterized by subjective ringing and singing noises. In chronic sub-acute catarrh of the middle ear tinnitus is often most distressing. Tinnitus is a symptom of acute suppurative inflammation of the middle ear, and inflammation and abscess of the mastoid cells. Subjective and objective systolic murmurs do originate in the branches of the stylo-mastoid artery which supplies the drum membrane and posterior portion of the tympanum, or in the branch of the posterior auricular artery which supplies the external auditory canal.

Rabagliati, in an article in the *West Riding* reports, speaking of the classification of nervous diseases, states that disorders of the function of a given nerve or portion of the nervous system, does not necessarily imply objective physical change in that nerve or part of the nervous system; and the functional name may or may not therefore afford us any information. Such a name as tinnitus for example, when given as a name to a disorder, is obviously an objectionable one, since in fact, we know that tinnitus may be sympathetic of simple accumulation of wax in the outer ear, of blocking of the Eustachian tube, of diseases of the parts of the middle

ear, of affections of the internal ear, or of the auditory nerve itself, or even of the nerve centers from which it rises, or of other centers in communication with the last.

Hemming states that after carefully studying the various descriptions given in a large number of cases of tinnitus, he concludes that noises in the ear may be divided into six classes, which he arranges in a tabular form with their causes:

Kinds of Noise.

(1.) Tidal, to and fro noises like the sound produced when a shell is held to the ear.

(2.) Humming or buzzing noises like the sound of a humming-top or the buzzing of a bee.

(3.) Gurgling or bubbling noises as of air bubbling through fluid.

(4.) Rustling or crackling noises.

(5.) Constant rushing noises like the falling of water in a cataract.

(6.) Pulsating noises, often said to be like the beating of a drum, frequently synchronous with the pulse.

Causes.

(1.) Tobacco, chronic catarrh of the middle ear ending in undue contraction of intrinsic muscles.

(2.) Impacted cerumen, foreign bodies or parasites in the external meatus, eczema.

(3.) Fluid in either the tympanum or the Eustachian tube; the result of catarrh.

(4.) Deficiency of cerumen, hairs in the meatus or on the tympanum give sounds like an aeolian harp, acute catarrh in its latter stage.

(5.) Venous congestion of the labyrinth.

(6.) Extra aural causes, anæmia, aneurism, etc., arterial congestion of the labyrinth.

Dr. Régis, in the *Annales Médico-Psychologiques*, cites a case of unilateral hallucinations resulting from chronic inflammation of the middle ear.

The patient was thought to be not truly insane, although he was at times suicidal and violent. He recognized that the hallucinations proceeded from the aural disease, but to do this extraneous evidence was necessary.

Professor S. Moas and Professor Rüdinger, of Munich, have recently indulged in a discussion relating to the dilatation of the bulbous vena jugularis and its relations to auditory hallucinations. For our present purpose it is only necessary to reproduce Professor Moas' concluding and final statements in this controversy: "A small lateral sinus or narrowing of the jugular foramen in connection with a wide bulbous vena jugularis, no matter how often it occurs, must, according to the laws of physics, cause an eddy current in the bulb, and produce a subjective impression of sound, and with the addition of an abnormal cerebral condition, occasion auditory hallucinations or psychoses. Now as this is not at all infrequent in post-mortem examinations, it acquires, at once, an increased pathological interest, and it becomes the task of the profession, both aurists and physicians of insane asylums to devote especial attention in this direction to cases of continual ringing in the ears both during life and after the death of the patient."

In an interesting paper read at a meeting of the London Medical Society, in 1874, by Dr. Woakes, on the connection between stomachic and labyrinthine vertigo, he referred to the vascular supply of the internal ear, this being from the vertebral artery, and the connection of the cervical sympathetic with the ear was fully detailed, as showing how comparatively slight aural derangements might lead to profound symptoms. Dr. Woakes concludes his explanation of the *modus operandi* of vertigo of the stomach in these words:

The ingestion of the irritant gives rise to an impression which is conveyed along afferent channels forming a communication between the pneumogastric nerve and the inferior cervical ganglion, whence it is reflected to the vertebral artery in the shape

of a wave of diminished inhibition. This is equivalent to an increased flow of blood to the labyrinth with corresponding tension on the endolymph. There is produced giddiness when the semicircular canals are alone involved. If the cochlea be also congested there is tinnitus.

Jonathan Hutchinson states that inherited syphilis causes nervous deafness accompanied with tinnitus, which is generally manifested suddenly when or about the period of the person arriving at adult age.

In these cases there is seldom found any lesion or disease of the conducting aural organ.

G. Burrows, in *Ziemssen's Cyclopædia*, states that ringing in the ears is one of the commonest symptoms of even the slightest degrees of anæmia, whether the partial deafness that attends incomplete syncope (eclysis) is due to a special irritation of the auditory nerve, or to the weakened mental power of perception, is a matter of doubt. That the former supposition is not inadmissible seems to be proven by Abercrombie's oft quoted case, that of an excessively debilitated and wasted patient, who was deaf so long as he was in an upright position, but could hear perfectly while lying down or whenever he bent himself forward so that his face became reddened.

In acute encephalitis, buzzing and tinnitus are uniform symptoms.

In compression of brain, noises are frequent and diagnostic symptoms.

In hypertrophy of brain, Hitzig says tinnitus and subjective noises in the head are often present. In simple basilar meningitis, Huguenin states ringing in the ears is a prominent symptom.

Obinier gives tinnitus in tumors of the brain as a symptom associated with other characteristic symptoms.

J. Hughlings Jackson, in an article in *Brain*, on "Auditory Vertigo," remarks that noises in the ears

after excessive doses of quinine may perhaps be owing to exhaustion consequent on over stimulation, and thus not be a fact discrepant with the opinion that large doses of quinine increase the resistance of nerve centers.

Dr. Jackson also details the result of an aural disorder produced by the discharge of an overloaded gun in the person of a physician, in whom incessant noises in the right ear and a tendency to deviate to the right side when walking had persisted for years, producing slight psychological disturbance of the higher reasoning faculties.

Dr. Lawrence Turnbull, in an article on tinnitus aurium, gives the result of an examination of sixty persons in Blackwell's Island Lunatic Asylum by Dr. Pomeroy. Thirty had hallucinations of hearing, thirty had none. There was an excess of cases of hallucinations connected with disease of the ear. He states the causes of tinnitus to be, inspissated cerumen adherent to the membrana tympani. Upon the growth of hair in the auditory canal, or the presence of foreign bodies or fungous growth diseases of the internal ear, of the brain, or changes of circulation in the brain, especially those connected with anæmic conditions.

Seil, in an article on The Influence of the Sexual Organs on the Ear, asserts that the affections of the sexual organs of the female, and also the physiological accomplishment of their functions, produce a marked effect upon diseases of the ear. Pregnancy, flexions of the uterus, modify the causes of ear disorders by disturbing the nervous and circulatory systems. He reports a case where continued moderate buzzing in the ear became extremely intensified with painful menstruation and ovarian hyperæsthesia. The deafness was correspondingly increased and the patient

suffered from vibratory shock to the tympanum. Onanists suffer from tinnitus and aural hallucinations produced from nervous exhaustion induced by the vicious habit.

Spinal meningitis often produces aural affections accompanied with persistent and distressing tinnitus.

Politzer affirms that tinnitus occurs more frequently in children from this cause than is generally supposed.

Politzer further states that disturbances of hearing proceeding from affections of the brain are due to many pathological processes. The most important of these are hemorrhage, emboli, softening, encephalitis, chronic sclerosis, acute and chronic hydrocephalus, gummatous and tubercular accumulations, and new formations in the brain and at the base of the skull.

The occurrence of disturbances of hearing in these processes depends less upon the extent than upon the seat of the pathological accumulation. While with extensive morbid accumulations in the brain substance as abscesses, hemorrhagic accumulations, growths, disturbances of hearing are often absent. They are often very pronounced with pathological changes of small size. When these affect the acoustic cortical center in the temporal lobe, the connection of the latter with the acoustic nucleus, the acoustic nucleus itself, or the central fibrous course of the auditory nerve.

According to Moas, disturbances of hearing occur frequently in hemorrhage in the pons and in the cerebellum.

According to the observations of Itord, Offolzer, Andral, v. Troeltsch, and Nothnagel, subjective noises are often the forerunners of apoplexy. The most prominent symptoms of the changes within the area of supply of the auditory nerve caused by cerebral tumors, are subjective noises, vertigo and dullness of various de-

grees up to total deafness, with which as a rule the subjective noises are lost.

In judging of so many disturbances of hearing, it must not be forgotten that amongst the nerves of sense the auditory nerve is the most impressionable, that is its function is more frequently impaired by general diseases and by chemical changes in the blood in infectious diseases than that of the optic, the gustatory, the olfactory, or the sensory nerve.

A report on the pathology of tinnitus would be incomplete without reference to its being prominent as a symptom in Menière's disease which is a condition of peculiar interest both to the neurologist and aurist, but the occasion will not permit of further reference to it.

In this connection it is pertinent to call attention to the production of dizziness; aural or auditory vertigo, which is usually the result of an irritation of the inferior ganglion and due, in most cases, to disordered circulation in the labyrinth through the vaso-motor nerves of the vertebral artery as stated by Dr. Lawrence Turnbull, but as he also states, there are many instances whereby simple pressure of a foreign body, similar distressing symptoms are induced. He refers to several such cases where vertigo dizziness, tinnitus aurium, insomnia, hallucinations of hearing, melancholia, and epileptic convulsions reported by Drs. Katz, Kupper and Hammond where all these symptoms were immediately relieved by the removal of the accumulated cerumen or other foreign body. I hardly feel justified in classing this part of the report without quoting the exact language of the learned and skillful aurist, Dr. Lawrence Blake, who states: In the great majority of cases of tinnitus aurium this symptom is of circulatory origin and is due,

1st. To abnormal increase of circulation.

2d. To changes in the sound transmitting portions of the ear which prevent the circulation sound from passing out at the ear as it normally should do. Increase of circulation from temporary causes under this condition of the ear of course increases the tinnitus. The two conditions may coexist. The former alone is a comparatively rare cause of circulatory tinnitus and is found usually in anæmia and other conditions which give a *bruit de diable*, and in cases of obstruction to the intra-cranial circulation. Tinnitus aurium due to irritation of the auditory nerve is comparatively rare, is seldom continuous, and usually has a distinctively musical quality. A sharp musical ring, quickly dying away, is also produced by spasmodic contraction of the musculus tensor tympani, and is analogous to the flash of colored light accompanying a quick tap upon the eye-ball. Extrinsic noises due to contraction of muscles, fluid in the middle ear, changes of air pressure and other mechanical causes vary numerously in character.

The auditory hallucinations of the insane, in my experience, most frequently have their starting point in some form of circulatory tinnitus. In such cases the ear should always be examined, etc.

Notwithstanding it will disparage the completeness of this report, its already too great length will permit only a brief inquiry into the pathology of auditory hallucinations of psychological origin, if such a so-called pathological condition can exist in the cerebral centers independently of any transmitted peripheral irritation or of any external agency co-operating to produce the effect; for, as Sully states, "it is presumable indeed that many if not all hallucinations have such a basis of fact." A brief citation of the several theories of the connection of the auditory nerve with the cerebral centers may render the pathology of the subject under consideration more intelligible.

It is asserted by some eminent aurists that Bright's disease and ear affections are frequently associated, sufficiently so to indicate a dependency of catarrh of the tympanic cavity and naso-pharyngeal catarrh and other aural diseases upon Bright's disease.

Tussana, as reported by Ferrier, states that the auditory nerve is in direct connection with the cerebellum through the medium of the restiform bodies, as has been demonstrated by the researches of Lockhart, Clark and Meynert. Indeed Meynert is of the opinion that the whole of the roots of the auditory nerve pass into the cerebellum in the first instance, and that, therefore, they can only have an indirect connection with the cerebral hemispheres probably through the superior peduncles of the cerebellum or the valve of Vieussens. Ferrier asserts this view to be untenable for there is a special region of the cerebrum, destruction of which abolishes the sense of hearing, and the sense of hearing does not appear to be affected in animals deprived of their cerebellum.

The facts of clinical medicine and pathology speak in the same way, for nothing is more rare than affections of hearing in connection with cerebellar disease, and then only when the lesion is of such a nature as to affect the auditory nerves. We have seen, however, the essential importance of impressions derived from the labyrinth in the mechanism of equilibration, and this connection of the auditory nerve with the cerebellum is an anatomical confirmation of the view of the central origin of equilibration.

Ferrier locates the auditory center in the superior temporo-sphenoidal convolution. He demonstrates the existence of the function in that convolution by a number of experiments that can not here be detailed, but his conclusion may be reported in his own language.

“When the lesion was established bilaterally so as to cause destruction of the superior temporo-sphenoidal convolution on both sides along with certain other effects not depending on localized injury to this convolution, the animal though fully conscious and on the alert to everything attracting sight, failed to respond to auditory stimuli usually exciting active reaction and attention.”

Dr. William A. Hammond, in his recent work on insanity, in the article on Perceptual Insanities, states that there is some evidence to show that the thalami optici are the centers for all real perceptions, and that hence they are the organs which, through their disease, give rise to all centric illusions and hallucinations. If these bodies be divided centrally, antero-posteriorly, they will be seen to have imbedded in their substance four ganglionic masses.

He states that Luys, who examined the formation of the thalami optici with great thoroughness, designates these nuclei from alleged anatomical and physiological relations respectively, the olfactive, the optic, the acoustic and the sensitive, or the ganglion of general sensibility. Much could be said and the arguments of many physiologists could be reported to elaborate this hypothesis did occasion permit.

Dr. Hammond's conclusive remarks on this subject may be quoted, as they are very suggestive, namely: The intrinsic starting point of any real sensorial impression is an organ of sense, such as the eye, the ear, or the terminal ramifications of the olfactory nerves.

The starting point of an erroneous sensorial impression—illusion or hallucination—may be either the organ of sense, concerned therein, or the sensory ganglion, the optic thalamus. The cortex or intellectual

center for any sense can not form a real or false sensorial impression. It can only elaborate the impressions which reach it from the sensory ganglion; and these are either true or false, real or unreal, according as they come originally from the ganglion, or are transmitted through it from an organ of sense receiving real impressions from without, and accordingly as the cortex is in a normal or abnormal condition will the ideas or beliefs, which it forms from these transmitted impressions, be normal or abnormal. It is true the cortex can recall former impressions and construct ideas from them, but here the idea is based on a recollection and not on a sensorial impression. All, therefore, that the cortex does is to take cognizance of present or former sensorial impressions which it receives or has received from the optic thalamus, and to form ideas from them. He sums up the pathology of psychical or perceptual hallucinations in the following lucid language. A great deal has been written as to the physiology of hallucinations, but without much result, so far as any explanation of the process is concerned, as we can not elucidate the question of the perception of real images, and of these sensorial impressions by any experiment or investigations we can make, so we equally fail in our attempts to unravel the mystery of false images, false voices, tastes, smells and tactile impressions. In the normal state of the brain we obtain perceptions, which we believe to be true. In the abnormal state we form perceptions, which sometimes we ourselves, and again those about us, are convinced are erroneous. The difference is to be ascribed to the change which has taken place in the perceptual centers. This change may consist of a state of permanent congestion, temporary or permanent anæmia, the circulation of blood through them, which has acquired toxic properties or the existence of structural disease.

In conclusion, the report of a case of insanity which, if not caused, was increased and maintained by aural disease, may give force to the necessity of greater attention being given to associated aural diseases, with diseases of the mind and nervous system.

Daniel J. Henderson, admitted into the asylum October, 1882, aged twenty-one years, single, occupation a farmer. He has been a man of good moral habits, except somewhat addicted to masturbation. He has had aural inflammation in both ears as the result of scarlatina since he was eighteen years old, and has had a discharge of matter from both ears since that time. First attack, duration an indefinite period, as he has been very eccentric for some years. His insane peculiarities are confined to his peculiar restlessness and constant circular motions walking around in a circle to the right.

He has tinnitus aurium, hears persons conversing with him, frequently looks out of the window to see who the persons are whom he hears talking, etc. A paternal aunt was insane. No other history of heredity. He suffers from insomnia, but eats well, is self-willed and perverse. He is suspicious of persons, and is fearful of personal injury. He is very obstinate and refuses to comply with the requests of physicians or attendants. Was compelled to restrain him to examine and treat his ears. Found both auditory canals filled with hardened, dried pus and cerumen.

When the obstructions were removed found both drums perforated, and a purulent discharge from the internal ears. Both Eustachian tubes were free, as bubbles of fluid could be seen escaping through the ears when air was forced through the tubes. Hearing improved and the auditory sounds diminished, and the hallucinations became less, also the disposition to keep

in motion either in the right circular direction or otherwise as the disease in the ears improved. Without further details of the case it is satisfactory to state that this man returned home in four months sane, and apparently well of his aural disease.

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HINTS ON THE PREVENTION OF INSANITY.*

BY JOHN P. GRAY, M. D., LL. D., UTICA, N. Y.

To prevent the occurrence of disease in communities is not only a matter of prudence but a measure authorized and enforced by supreme law. Modern science has suggested medical health boards, and legislatures have created them in States and counties. Such boards exist in the State of New York and they are approved by the people. These boards are authorized to proclaim rules and regulations of hygiene and are clothed with adequate power to enforce them. Appropriations of money are made to execute the work. This extends over all parts of the State. They exercise inspection and control of roads, streets, buildings, whether public or private—even the houses and premises of residents, as well as factories, workshops, and all places where men or women are congregated.

In the case of certain infectious or contagious diseases, they even exercise a controlling power, so far as to isolate persons from their families and remove them to buildings at a distance from their homes, and to provide for their care by medical men under public appointment. The law goes even further, in ordering compulsory vaccination of persons attending the public schools; which is, perhaps, the most extreme measure yet adopted for the prevention of disease. All these things are authorized and done for the general public health and safety, and all this under the constituted civil authorities of States and counties, and all these precautionary measures

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are at the behest of medical science. It is a great advance made when a government has thus practically extended its protection over its citizens, forcibly, if needs be, alike over the rich and poor, so that neither ignorance nor indifference shall be the means of evil to communities when that evil can be prevented or even measurably controlled.

It is true in regard to all ordinary diseases that the individual is left to his own discretion where negligence, indifference, ignorance or superstition can only injuriously affect himself; but even here he is obliged, under the health laws, to exercise that measure of care which will secure against offensiveness or danger to others.

Insanity is a disease of frequency, and among the most serious that can afflict individuals or communities. There is no disease, perhaps, which is so largely within the purview of legal enactments. To a greater extent than in any other the law authorizes the control, treatment and protection of the victims of this disease. There are elements of danger as well as helplessness in it which make such legal measures necessary, wise, and humane, both for the individual and for communities. It not only interferes forcibly to secure their safety against themselves as well as others, but also to secure treatment and extend its guardianship over their property; and the law at every step appeals to medical science and the services of the profession.

More than twelve thousand persons thus under the control and protection of law now in the hospitals and other establishments in the State of New York attest the importance of this subject to the medical profession, and when it is remembered that no one can be placed under control and treatment as insane except he be so adjudged by medical men, we must see our responsibility and our intimate relations to this form of human affliction.

That we recognize its existence as disease, and the necessity of measures of treatment is well. But an equally, if not more important point, is whether there is anything we can do in the way of prevention; anything efficiently in this direction to lessen its frequency. To this question I shall direct what little I have to say.

To prevent the occurrence of any disease in any individual is a blessing, and the graver the disease, the greater the blessing. Preventive measures in connection with insanity is a wide field which begins with the growth, development and education of the child up to maturity. It takes in the habits of body and mind, the feelings, the passions, the griefs, the troubles, the worries, the toil, the accidents and the dissipations of life. This is not only to say, however, in a general way, that good health, mental culture, the control of the emotions and passions and the exercise of morality are the safeguards against insanity in any form. The old adage, "A sound mind in a sound body," is true, but the converse is fortunately not true—that an unsound body should necessarily produce an unsound mind. But it is universally admitted that insanity means sickness of body, producing disturbance of mental action, and that it can not occur except as the result of bodily illness. Bodily illness or disease, then, is *occasionally* of such a character as to develop insanity; but this is so occasional and exceptional, that in all of the various illnesses medical men are called upon to treat, insanity is the last outcome they anticipate or think of. Medical men, with large practice, both in cities and in the country, have told me that they very rarely have a case of insanity in their own practice; that is, among their own personal patrons. One of the most distinguished medical men in Western New York, with a large practice, both direct and consulting, told me some

years ago, when in consultation with him, that he had seen so little of insanity in his own practice that he did not feel like undertaking the treatment of the case. The case was one of profound melancholia. When I said to him: "You must have had cases of depression to treat in so large and varied a practice?" "Oh, yes," he replied, "hundreds of them." "What do you do with them?" "Get them to quit work, to stop talking of themselves and stuff them with food."

This patient was a tired-out business man, who, under perplexities and worry, had lost sleep and appetite and consequently strength, and had passed through a stage of depression though continuing at his business, and finally had melancholia with intent of suicide. Until this point had been reached neither he nor his family had applied to a physician, but on the contrary had exercised a vigilant secrecy.

In 1879 one of the prominent and careful practitioners of New York City told me that among the great number of women he had attended in confinement he was surprised in looking over the past to see how few had suffered from puerperal insanity, or from the melancholia which is said to come on with the change of life. Repeating this to a general practitioner whose practice was largely among the wealthy, he said that was his own experience also.

I cite only these instances out of a great many with whom I have talked upon the subject of the cases of insanity in their own individual practice. I had observed many years before that a very large proportion of those who were brought to the hospital at Utica were really without family physicians; people who called in medical men only in extremity, dosing themselves ordinarily with known or patent remedies, or persons who called indifferently and indiscriminately

for medical services when they desired them. I have thought that I could see the reason of so little insanity among the many sick of all kinds of depressing affections under a careful practitioner. They did not let them become sick enough to become insane. They anticipated the morbid conditions of body, and any morbid drift of mental action likely to lead, if neglected, to insanity. They looked after the younger members of the family where defects of health appeared. All this, certainly, is in the nature of preventive measures of the highest and most useful character.

Among the most important or anticipatory measures, is the early recognition of fagging of the brain, and the fact that such fagging is simply a depressed physiological state, whether found in children, youths, or adults, whether among the wise or the ignorant, the high or the low. In such conditions we must recognize the absolute necessity of sustaining and restoring the energies by rest and nutritive food, whether there be appetite or not, and the value of blood-enriching tonics. These are the methods of relief which should be applied instead of advising traveling, varied scenes and social life to divert the thoughts, or the administration of hypnotics or narcotics to quiet the system. Persons in such condition are usually restless, more or less sleepless, variable in appetite, and while willing and anxious to talk about themselves, are not inclined to social life, amusements or traveling. These things, valuable ordinarily as a recreation, are to them weariness of the flesh and still further exhaustion of the strength. It is true, the persistent plea of such cases is generally for such remedies as will give comfort and ease and especially sleep, and they may secure by exercise a degree of weariness that will lessen restlessness, and they may secure sleep from sedatives and narcotics. Still, this class of

remedies, while giving temporary comfort by sedating the nervous system, at the same time are apt to disorder nutrition and assimilation in such cases and likely to do more harm than good. The prevention here comes in recognizing their true condition as brain-fag and in resisting the plea for sedatives* and substituting food and rest. Few practitioners of experience but can recall instances of mistaken treatment or no treatment, which gradually carried the patient into hypochondria, and from that into melancholia, and from that into mental failure and dementia. This is especially true in regard to business men who suffer with mental worry, and women suffering from domestic griefs and over-toil, who, at the same time lessen sleep and also the quantity and quality of their food and withdraw themselves largely from the air and sunlight. Many of just such cases end in suicide, unexpectedly both to the family and the physician.

I have been consulted in many such cases, both by physicians after wearying transitions in the patient for months, from better to worse, and by persons who have resorted to patent medicines for nervous disorders, debility, etc., as they have seen them advertised; and no matter what the intelligence of the person, there is no plea that they make more persistently and more urgently than for something to make them sleep. They want medicines to do wholly what food and rest ought to do mainly and medicines only assist in. Children and young people overtaxed at school by studying in bad air grow pale, languid, irritable, restless, lose appetite, and sleep poorly. We know in such cases that food given with blood-enriching tonics, as phosphated elixirs of iron and cinchona, or gentian, or the chloride

*These remarks have reference to the common abuse of bromides, &c. Their great value as remedies can not be questioned.

of iron with barks at meals, and malt, either liquid or dry, given with milk on going to bed, will relieve this condition of mal-nutrition from over-tax, much better than what are commonly called "quieting" remedies. We have received into the hospital many young people under such circumstances, where I have felt that timely medical advice and aid might have met their condition at a stage which would have anticipated and prevented the development of insanity. There are such cases in the hospital now. The same thing applies to children of older growth.

There is one further hint of great importance to the development, growth and stable health of children. Children or youths at school or at work, who are attacked with acute diseases, should not be returned to school or to the workshop until after complete convalescence; cases of fever, measles and diphtheria, and especially where the nervous symptoms have been more or less pronounced. It is too common to allow such children to go back to school or to work as soon as they are fairly about. The brain, particularly, after such disturbance of circulation and nutrition needs rest. I have seen great evil from neglect of this course in many cases. The children are unable to work and recuperate at the same time, the general health is lowered, the anæmic state becomes persistent, chorea and hysteria often follow, and the physical development is impeded. Many cases are brought to the asylum where the history goes back through years of more or less delicate health to neglected care of convalescence from these diseases, and I feel that I can not too strongly impress this matter.

The early recognition of *alteration of character*, changes in the way of thinking and acting manifested in the ordinary topics of conversation, evidence of distrust and suspicion of others, over-timidity about ordi-

nary business or household affairs, unusual anxiety about the children, &c., all are early indications of mental unbalance. They are among the early changes of character, often shadowy and ill-defined, at the same time distinct enough to be perceived. Just at this point attention to the physical condition, and frankly pointing out to the person the necessity of resistance to such drift of thought, is of the highest importance, and in a vast number of instances would prevent the development of insanity. Of course it is assumed that each person must be judged of from his or her own standpoint. What would be cases of worry or anxiety in one person might not be such in another, and therefore it must be the change observed in each person, *i.e.* how far he or she has departed from the natural, normal course of feeling, thinking and acting. Such people are sick; it does not do to direct attention only to the morbid drift of thought and say: "Oh, you are nervous; you must throw these things off. Take exercise; walk two or three miles every day," etc.

I remember the case of a young lady whose friends took her to a physician in New York, stated her case and recited certain marked changes in her conduct, habits, etc. She was unnaturally reticent for her, apprehensive and at times seemed to them unable to keep her attention on studies or ordinary duties. The doctor had two or three protracted consultations, then said: "There is nothing particularly the matter. She needs cheerful society, country life, long walks," and advised her to be taken to a place in the country where this would be secured, and gave the friends a long series of written directions, (afterwards handed to me), for physical exercise, consisting very largely of walking, and ordered frequent ablutions, and plain diet, and assured the friends that they need have no apprehensions about

her. Within forty-eight hours she was received at the asylum in a state of acute mania.

Another instance was that of the daughter of a congressman residing in Washington, who after some four months of very active social life was called upon for some weeks to attend assiduously upon a sick member of the family and became sleepless, depressed about her spiritual condition, was reserved, and lost flesh. Her father decided to bring her home, and with his family stopped on the way in New York, as these manifestations were increasing in intensity, and consulted a physician. He was advised after several consultations to return with her to Washington, to re-enter society, to go to places of amusement, the theaters, etc, or if he went home to give her all the social life possible and thus throw off her fancies. On the way home she became so excitable and finally maniacal that he telegraphed from Albany to ascertain if we could receive her into the hospital, and in twelve hours from leaving New York she was brought to the asylum with furious mania.

In such conditions the serious consideration of the practitioner is demanded to inquire carefully and frankly into the health of the individual, and if this is done the causes of the changing mental state will be found and the trouble can be met. Such persons, under the quiet intelligent assurance of a physician as to their condition, and given to understand that the uncertain mental state which they generally recognize in themselves is dependent on the state of bodily health, which can be remedied, will ordinarily assist in their own cure.

I do not feel justified in taking up the time of the members of the association in presenting cases. I think such will occur to the minds of practitioners. One point further is important: the patient should not be

startled with statements which will arouse apprehensions and fears. Some years ago a gentleman arrived in Utica from New York in the evening and sent his servant with a note in which he requested me to come and see him, asking me to reply by the servant. I inquired of the servant if the gentleman was ill, and he replied: "No, but he seems very uneasy." I went to see him and found him walking about anxiously. He said abruptly: "I want you to give me a thorough examination and see what is the matter with me." I did so and said: "I don't see anything the matter with you, certainly nothing serious; you are probably tired out and a few days' rest with wine at your meals and you will get along." I found he had been quite actively engaged; much more than usual; had lost sleep and partaken limitedly of food, and was quite fagged out. He then said: "Dr. ——— told me two days ago that I had congestion of the brain and that I had not come to him an hour too soon. He insisted on my remaining in New York and then made for me the following prescriptions: One, five grains of bromide of soda and a drachm of tincture of colombo in water three times a day for one week, then five grains of bromide of calcium in two drachms of camphor water three times a day for a week, thus alternating them." He added: "The doctor said 'If you don't find yourself relieved, return to me or I will come and see you.'"

I could give a large number of cases, where, if in the early stage of change or alteration of character, a course had been taken requiring rest, generous nourishment, with milk, milk punch, a discreet nurse and the quiet assurance of the physician, no such catastrophe would have ensued.

In this paper I have not desired to do more than throw out a few hints on the preventive measures which are wholly within the province of every practitioner.

CLINICAL CASES.

A CASE OF SPONTANEOUS RUPTURE OF THE HEART.

BY CHAS. W. PILGRIM, M. D.,
Assistant Physician New York State Lunatic Asylum.

Dr. Arthur Flintoff Mickle, in the *Edinburgh Medical Journal* for February, 1884, reports three cases of spontaneous rupture of the heart in the insane. The cases resembled each other in that they were all about seventy years of age, that in all three cases the rupture occurred when no extra exertion was being made, and in none of them were there any special symptoms pointing strongly to fatty degeneration of the heart.

The case presented below resembles those reported by Dr. Mickle in almost every particular.

The patient, W. B. B., a man aged 69 years, printer by occupation, was first admitted into the New York State Lunatic Asylum in the autumn of 1852. His father was a common drunkard who was in the habit of drinking as much as a pint and a half of liquor a day, and he himself had been intemperate from early youth, had had delirium tremens several times, and when admitted in 1852 was in a condition of *mania à potu*. He rapidly improved, and in March of the following year was discharged. After two or three weeks he began drinking to excess and continued to do so until he was returned to the asylum in June, having been away only for a period of three months. He remained in the asylum until May 1, 1855, when he was again discharged. From his return in June, 1853, until his discharge in May, 1855, he was paroled several times, but almost invariably returned intoxicated, and

on two different occasions he eloped and was returned in a drunken condition. While in the asylum, during the above mentioned period, he continued his vocation as printer, and after leaving in 1855, he resided in Utica, and worked part of the time in an office of his own as job printer, and at other times in printing offices of the city. His habits continued much the same, and he would have bouts of excessive drinking, lasting for several days, and would then abstain entirely for months.

At the breaking out of the Rebellion, he enlisted, but was neither wounded nor sick during his service, and left the army as well as he entered it.

For several years before his last admission he was a well-known figure on the street, being known to and knowing almost everyone. He gradually failed in body and mind and when admitted May 19, 1883, he was demented, thin in flesh and in a poor physical condition generally. He was somewhat short of breath, had a weak pulse, and the apex beat was feeble and the heart-sounds ill-defined. It is true that these symptoms, taken in connection with the fact that he had been very intemperate, might have led one to suspect a fatty cardiac degeneration, but it must be remembered that, as Da Costa and other eminent clinicians have pointed out, there is yet no sign discovered by which we can positively say that the dangerous disorganization of the muscular fibres of the heart is in progress. He continued to grow more and more demented, but there was nothing of special interest in the case until August 6, 1884. At about four o'clock that morning the night watchman reported that the patient was "breathing badly." He was seen at once and was found cyanosed, cold, and in great mental perturbation, manifesting more mental activity and anxiety than for a long time previously. There was some œdema, a good deal of dyspnoea, and a very feeble pulse,

and he complained of intense pain in the præcordial region.

No satisfactory physical examination could be made. It seemed that he could scarcely live until morning, but he soon rallied, and the next day was up and about the ward, apparently as well as he was before the attack. In the light of subsequent events this attack is easily accounted for as being due to the fatty changes, and it is fair to assume that at this time there was a rupture of some of the cardiac fibres, for as Roberts says: "Patients occasionally rally and there may be repeated attacks, supposed to indicate rupture of successive layers of the heart's fibres."

From this time up to November 18, 1884, there was no marked change in the patient's mental or physical condition. On that date he got up and dressed as usual. He did not attract the attention of the attendants in any way, until after being up about three-quarters of an hour, when he was seen to sink into a chair and fall over towards the left side. The attendant placed him in bed and reported the occurrence at once. I saw him immediately but found that life was extinct.

At the *post-mortem* examination, made by the pathologist, it was found that the right thoracic cavity contained about thirty-six ounces of serous fluid. Both lungs were œdematous the left being adherent to the pleura. The pericardium was adherent anteriorly to the heart and the lower part of the sac was filled with blood coagula. On raising the heart blood escaped from the left ventricle posteriorly where there was a rupture with irregular edges, between a third and a half an inch in length. The muscular wall at the seat of the rupture was exceedingly thin, measuring not more than one-sixteenth of an inch, while anteriorly it was hypertrophied and one and one-half inches in thickness.

The muscular tissue showed a slightly greenish-brown discoloration and on microscopical examination was seen to be infiltrated with blood corpuscles in all stages of disorganization, its fibres being in a state of partial fatty degeneration. The aortic valves were slightly thickened and indurated. Both kidneys were contracted from an advanced cirrhosis and contained cysts varying in size. Nothing else of interest was discovered.

While such cases may not be very frequent, the fact that they are so difficult to diagnose with any degree of certainty, and that they do sometimes occur, should lead us, when there is the slightest reason to suspect degenerative changes in the heart and arteries, to exercise the greatest possible care in handling them. As Dr. Mickle very pertinently suggests, should the death of such a patient occur during the process of artificial alimentation with the stomach tube, or whilst in the hands of attendants, even though no unnecessary force were used, the result would not be very pleasant to contemplate.

Therefore, apart from the professional interest attaching to cases of this kind, it behooves us, in view of the readiness with which charges of neglect and ill-treatment are made nowadays against asylum employés, and the facility with which they gain credence with a too easily prejudiced public, to give publicity to illustrative examples of precarious conditions of life like the one above reported, lest, peradventure, a death from natural causes be laid, by an ill-disposed eye-witness or a malicious critic, at the door of an innocent man.

A CASE OF SUICIDAL AND HOMICIDAL
MELANCHOLIA.

BY OGDEN BACKUS, M. D.,Assistant Physician, New York State Lunatic Asylum.

When insane delusions are well defined and bear a distinct causal relation to conduct, involving, as in the following case, the double tendency to suicide and homicide, it becomes of interest to record them. Still more interesting is it, however, when we have the patient's *ipsissima verba* as a reflex of the mental state, and it is chiefly on this latter account that I have thought it worth while to give a brief account of a case of melancholia, with marked suicidal and homicidal impulses, in which the graphic, coherent letters of the unfortunate woman lend interest to a clinical history otherwise, it may be, not unusual.

A. W. was admitted to the asylum July 25, 1884, with the following history: Woman, aged 54, single, of fair education, of exceptionally good habits, and possessing a nervous temperament. First attack. No history of insanity in the family. She had been running down in health for some months before admission, and a fortnight prior thereto, a marked change in disposition and habits was noticed. Her appetite became nil, she lost sleep and was depressed. Soon she began to accuse herself of imaginary sins of commission and omission concerning which she wrote many descriptive letters. The following is a specimen:

I had a strong desire to be religious and often attempted it, but always gave up, though of course knowing how wicked it was; after that my condition became dreadful, I became a thorough disbeliever in the Christian religion, not from honest doubts but because I wanted to quiet my mind in not doing my duty. I got worse and worse. I used to be glad when anyone fell from the

Christian religion. I used often to be glad of any discredit cast upon it. I wished evil to almost everybody, and when poor M. was sick I hoped her Christian hope might fail her, because it seemed as if it might be a still further excuse to me for not believing. In fact I hardly had one bit of sympathy for a human being out of my own family. This I was fully conscious of when I rejected God's Holy Spirit for, as it seemed, the last time. You see how nearly a child of Satan I was. It is no diseased fancy, it is the truth. I have been sensible of it in a measure for years, but not till this divine illumination did I realize it in its full intensity and malignity.

All her thoughts seemed to flow in this channel. She became more gloomy, walked the floor wringing her hands and had an aversion to food. Later she imagined that money earned while teaching school thirty years before, was not rightfully her own, as she believed she was incompetent to her duties, that she had no right to the money she received for such work, and could not hope for divine mercy until it was returned. She was brought to the asylum on advice of her family physician, and on admission expressed her delusions freely. She was in poor flesh, tongue coated and tremulous, hands cold and clammy, pulse rapid and bounding, pupils normal. Was not considered either suicidal or homicidal. Sent to a quiet ward, put in bed and a sleeping draught administered. The following is an abstract of the ward notes:

July 26.—Slept until two o'clock this morning; talks freely with physician and is anxious to impress upon him the truth of her delusion. Says she is afraid to sleep in dormitory; that during the night Satan told her to kill some of her room mates, also herself. When it was explained that she had been placed there to be under observation, said: "That is of no consequence, the world would be better if I were dead."

July 28.—Sent to another ward to sleep in a single

room under observation on account of the persistent suicidal and homicidal tendencies which she says she possesses. In a letter referring to herself at this period, she says :

I told you I was a child of Satan, and last night had to be restrained from doing harm, because I should have to do whatever my Master told me. It was not until Sunday night, after I had got here that this power over me was exercised ; not that I was then told to injure anybody, only I was afraid every moment I might be told to do something to the patients in the room. So great had my fears become that I rattled the door and called for the night-watches to come and put me in a room by myself, where I could do no harm. The next day so afraid was I that Satan would tell me to do some awful thing, that I wanted to be put in a ward where the raving maniacs are, but they would not put me there but on a ward above. The next night the feeling that I was Satan's came over me more awful than ever, and in the morning, under the influence of a dreadful threat that I should be put in a box filled with horrible animals and buried deep, deep down where I could never get out and yet be perfectly conscious of my horrible fate throughout all ages of eternity—I say under the influence of this horrible threat I sold yours and the children's souls to him if he would not put me in.

August 1.—Attempted to kill Miss M.; said the devil, to whom she had sold herself, told her to. Also attempted to strangle herself with a pillow-case and afterwards with a sheet. Is very restless; not eating well. In a letter says :

This afternoon all the clocks in the house tolled my age, the bells rang, and there was a terrible manifestation of Satanic agency, the floor became a hot band, bangings were heard around and there was a great storm, evidently produced by supernatural agency. I sat in constant expectation that Satan would come for me. I came to this room that night and on the doors were all the Satanic emblems and the names of yourself and the children. On the wall, which of course no one sees but me, is a picture which fades and comes again, and is often blue with smoke and brimstone, of this horrible box—filled not only with these dreadful animals, but with

devils. Satan and all his legions are camped about here. You may think this an insane delusion, but it is not.

August 9.—Expresses her delusions freely; has to be watched constantly to prevent her injuring others. Attempted to strangle herself to-day. Writes:

There has been a most wonderful miracle going on here from the day I expected they would come for me. Fiendish, horrible yells are heard at night, near by, and resounding far in the distance. Wonderful optical illusions have been produced—sometimes the room being flooded with a brilliant light, then complete darkness. Most horrible smells of brimstone have been injected into the house. If you should be here when Satan is making his most violent attacks you would think it a very bedlam, a hell on earth, the worst patients screaming that they are being burned and tortured and shut up where they can not get out.

August 15.—Holds her breath until she becomes cyanosed. Says if she does not breathe until noon she can rescue her body from Satan.

September 8.—Not eating well; losing strength. Sits in a chair with eyes closed tightly, under the delusion that the devil will destroy her sight if she opens them; also holds her fingers in her ears because the world will be destroyed should she hear a sound.

September 13.—Refuses all food; says the devil will destroy the world if she eats; was fed with stomach tube.

September 17.—Still fed with tube. Talks freely and her conversation is of the same delusional type as previously noted.

October 1.—Constantly undressing, which she does under the delusion that she ought not to wear anything, but should suffer cold and be exposed to the shame of nakedness.

October 5.—Is failing in strength; in bed.

October 10.—Visited by friends; talked pleasantly with them; repeated many of her delusions; appeared to appreciate where she was and that she was seriously ill. A short time after the visit, patient while in bed, suddenly fainted. Medical assistance was summoned by the nurse in charge, but the syncope proved fatal.

An autopsy was not permitted.

PRESIDENTIAL ADDRESS,

DELIVERED AT THE ANNUAL MEETING OF THE MEDICO-PSYCHOLOGICAL ASSOCIATION, HELD AT THE ROYAL COLLEGE OF PHYSICIANS, LONDON, JULY 23RD, 1884.*

BY H. RAYNER, M. D.

GENTLEMEN,—I can not commence my address without reminding the Association of the regrettable circumstance which has resulted in my having had conferred upon me the honour of occupying this position to-day.

Dr. Manley, who had been elected President at the last annual meeting, would have officiated in that capacity on the present occasion had not an attack of illness unfortunately compelled his resignation. I am assured that the Association will sympathise with me in my regret at not being a listener to-day to the rich stores of information which Dr. Manley's ripe experience would have furnished, and will unite with me in the anticipation that, with restored health, at a future date Dr. Manley may yet fill the Presidential chair.

For myself, called upon somewhat late in the year to occupy this post, I could have wished for a few more years of experience before undertaking this duty, and a few more months in which to have collated facts in relation to the subjects I am about to bring under your consideration. For the purpose of an illustration, a man's mind may be considered as a solvent for experiences, and it may be held to be desirable, in psychic as in chemic processes, that the solvent should have approached saturation before crystallization is commenced. I feel that I should have desired a denser solution from

* Reprinted from *The Journal of Mental Science*, October, 1884.

which to deposit thought-crystals, to be submitted to the critical examination of this Association, although I am assured of personal consideration for my shortcomings.

Mental disorders constitute a subject so extensive and many-sided that it would seem impossible that there should be any difficulty in selecting an aspect or relation from which to view them with some prospect of novelty. My illustrious predecessors in office, each delving at a special side of the subject, have however, scarcely left an opening which I can assay without tempting a, to me, invidious comparison. Thus, in recent years, the History of Insanity has been graphically described by Dr. Hack Tuke, Mental Pathology by Dr. Maudsley, Therapeutics by Dr. Crichton Browne, Legal Relations by Dr. Orange; and I might extend the list still further to show that the past and present have been so fully covered that only the future of insanity would appear to be left for consideration.

The future of insanity, indeed, offers a large and important subject for speculation, whether considered in relation to legislation, probable increase, or progress in curative and preventive measures; and to these points I shall specially endeavour to direct attention.

The Association is aware of the fact that "The Consolidation and Amendment of the Lunacy Laws" is the title of a Bill that has been announced as one of the Government measures in the next Session of Parliament.

Legislation in this direction has been pending for several years past, and from the uncertainty pertaining to Parliamentary performance may still be deferred; but so definite and authoritative a promise as that which has been recently given, renders it at least probable that this is the last opportunity that may occur

at an annual meeting of our Association of expressing opinions on some of the most important matters involved in this legislation, many of which seriously affect the welfare of the insane and the professional interests of alienist physicians.

The private asylum question is foremost among these, forming the basis on which rests the agitation that has in great measure brought about the desire for legislation.

The agitators who inaugurated this movement have not refrained from casting the most virulent aspersions on the moral and professional character of the private asylum proprietors, who constitute an important part of our Association. These gentlemen are debarred by the circumstances of the case from answering the vilifications thus shrieked at them; and I strongly feel that I should be neglecting a duty, as your President, and as a disinterested member of this Association, if I did not emphatically express my opinion as to the gross character of these aspersions, and my belief that they are without any foundation whatever in existent facts.

The result of the recent Parliamentary Commission would have entirely exonerated the proprietors of private asylums in the eyes of all but persons whose minds were prejudiced by imaginary wrongs, or by the remembrance of a past state of things, or by the desire to reap advantage from coming changes.

The *total abolition* of private asylums is one of the stock cries of these agitators, and has been re-echoed even by some of our medical authorities. The advisability of this procedure is a fair subject for debate, but, when considered with a view to practical results, it must be remembered that at present the State has made no provision to replace the private asylums, and that to accomplish this would require time and a very consid-

erable outlay of capital. Due consideration also should be given to the fact that the private asylum proprietors have hitherto provided for a great public need, and have invested both professional reputation and capital to this end.

A gross injustice would be committed were any great change made without recognising these circumstances.

If fair recompense were made by the State, most private alienists, I believe, would welcome the abolition of their establishments.

That such a change is right and politic is by no means certain.

If the State assumes the care of every insane person, such a measure might be practicable; but so long as the guardianship of the insane devolves upon the relatives the right of contract must also remain. The State has no more right to insist that a father should send his insane son to a State asylum than to insist on his sending his sane son to a Board School, provided the father possess means to make a better provision, or one more in accordance with his own views.

On the professional side, justice would seem to demand that the physician who has obtained special reputation, or experience in mental diseases, should not be debarred from reaping the advantages thereof to himself, or from being of service to his fellow-men.

Legislation of the character proposed would involve an unprecedented deprivation of liberty of action to the friends of the insane and to members of our profession.

I believe that the absolute *compulsory* closure of the private asylums would, at no distant date, direct popular prejudice against the public asylums. The allegation would soon be made that the superintendent of a public institution, whose increase of salary

depended on the monetary success of his establishment, had considerable temptation to prolong the detention of well-paying patients.

The physicians appointed to such public asylums might not always be selected on the strict basis of fitness. Nepotism is not yet absolutely dead, and, in the future, political lobbying, as in the United States, might make one road to such appointments.

The abolition of private asylums ought logically to involve the abolition of single patients; yet this last is a mode of treatment strongly advocated by some of the medical opponents of the private asylums, and is apparently regarded by the Lord Chancellor's visitors as the *summum bonum* of insane care.

The duty of the State would seem to be primarily demanded for the provision of such institutions as are a public necessity, and there already exists a great and urgent public want of institutions where insane and imbecile persons can be treated at a cost of from ten to fifteen or twenty shillings a week. At present, a large number of persons are most unjustly in pauper asylums, on the footing of paupers, whose maintenance is entirely paid for by their friends; and a large number of imbecile children are retained at home without treatment because their friends object to sending them to pauper imbecile asylums, and have no other alternative. The lunatics who are paid for are sometimes much annoyed at their position, and at other times are irritated by not being treated in a different manner from the absolute paupers. This enforced pauperisation induces relatives to avoid their responsibilities, either wholly or in part; while they would probably be stimulated to greater exertion if their insane relatives could be differently classed.

Some public institutions have a few patients already

at the rates indicated, while others, that at one time devoted many of their beds to this class, have been tempted from their purpose by more lucrative inmates.

The need for public institutions of the character I have described is both great and urgent, and I would suggest that the opinion of the Association should be forcibly and practically expressed on this point.

Apart from the provision of such asylums, the onus lies on the State to prevent unfair contracts or the abuse of the laws with regard to the care of lunatics; and any safeguards or supervision that may be deemed necessary to accomplish these objects will be hailed with satisfaction both by the specialty and the profession at large.

The *order of admission* to private asylums is presumably one of the leading subjects to which legislative attention will be directed. In discussing this, recognition should be made of the fact that relatives, in sending insane persons to an asylum, are only providing for their proper treatment, and that to delay or hinder this by legislative enactment is as inhumane to insane persons as it would be to persons suffering from inflammation of the lungs or broken legs.

The hindrance to treatment caused by the present system of certification, from being habitual and customary, has come to be almost regarded as a necessary and unavoidable evil.

The delay arises from a variety of causes; foremost is the prejudice against certification, a not unnatural one when consideration is given to the popular views of insanity and the lifelong *stigma* cast upon the individuals and their relations by being practically branded as insane. Can it be wondered at that medical men delay such a proceeding by every possible means? Even when the medical attendant has brought himself to

express his opinion of the necessity of such a procedure, the friends will often not yield their consent for a considerable time.

Beyond this again, comes the delay in fulfilling the necessary formalities.

In some cases, owing to fear of possible litigation, a medical man refuses altogether to sign certificates, and another has to be sought, who may require time for examining a patient whom he has not seen before, and whom another practitioner has refused to certify.

Where the medical attendant is willing to undertake the responsibility, and knows, or is of opinion, that the person is insane, certification may still be delayed from hesitation as to being able to describe in writing the symptoms perceived in a way that shall prove the existence of insanity and form a valid certificate.

In reference to the prejudicial results of these delays, I have the opinion of two medical coroners, of large Metropolitan districts, that suicides have directly and indirectly resulted from them, and, I believe, that if the attention of coroners throughout the country could be directed to these matters, ample testimony of a similar character would soon be accumulated. Instances of homicide and other criminal acts, resulting from the same causes, might, I believe, be also adduced; of injury to bodily health and impairment of prospect of recovery, many members of this Association could largely testify.

The remark has been made that when a law is bad or unnecessary, it is usually broken or avoided by public consent in the most wholesale manner, and this appears to be the case with regard to certification.

Hundreds of insane persons are yearly taken from their homes and are detained for days in workhouses without being certified. The necessity and practical advantage of this procedure is recognized and admitted.

Many of these workhouses are in no respect adapted to the treatment of the insane, and yet if these persons were similarly taken to asylums, where all available means are provided, what an outcry would result.

Private patients also have been not unfrequently deprived of all liberty of action for weeks or months before their removal to an asylum; so that as a mere safeguard of personal freedom, certification would appear in practice to be useless.

The opponents of the present lunacy-laws have often spoken of the power of giving certificates as if it were a valued privilege of the profession, while the fact is that it is a disagreeable duty, which commonly entails loss of practice. An old practitioner once told me that he had never signed a certificate of insanity without losing his attendance on the family in which this had occurred. Moreover, it is a duty that I consider ought never to have been thrust on the profession, to be discharged at haphazard by any member, however unqualified or unwilling to undertake it.

If the State requires certificates of this kind, trained and specially qualified medical officials should be appointed to furnish them.

Lord Shaftesbury recently pointed out that "since 1859 there had been 185,000 certifications, every one of which had been found just and good." This alone should show how little real danger there is of attempts being made to incarcerate sane persons in asylums. I would suggest that this danger would be better met by stringent personal examination by governmental officials after admission, of all patients received into private asylums, or private care, rather than by causing the delays of treatment with the attendant evils which are now incurred.

Better by far that in the 185,000 certifications there

should have been a few cases of wrong admission than that a single death by suicide or a single loss of recovery should have resulted from these precautions.

I should regard any addition to the present bars to the treatment of the insane as savouring of a cruel and inhumane disregard of their real well-being, based upon the survival in the public mind of that old prejudice against insanity, founded on the erroneous belief of demoniacal possession.

This it is that leads even the most intelligent and well-meaning layman to give attention to the clamorous exaggerations of demi-lunatics. Against this prejudice our specialty must never cease to fight, until our asylums become hospitals, and our patients are regarded and treated as human beings suffering from bodily infirmity.

This, however, is the age of the tyranny of minorities, and it is probable that further obstacles to treatment may be developed by coming legislation.

The suggestion that meets with most favour from intending legislators, provides that the order of admission to private asylums should be signed by a magistrate on the petition of relatives or friends.

We must hope that the magistrates' duty will be limited to ascertaining that the medical persons signing the certificates are qualified to discharge that function, and are not in any way contravening the provisions of the statute. Fortunate indeed will be the insane if they escape thus lightly, and are not required to demonstrate their insanity to the magistrate at least, if not to an intelligent jury.

The State, having duly satisfied itself in regard to the legality of an admission to an asylum, ought to ascertain, at the earliest possible date, that there was a medical necessity for such procedure. This should be

accomplished in such a way that neither the patient, his friends, nor a court of law could at any time doubt for a moment that the person admitted was insane. The onus of this duty should not be thrown on the private asylum proprietor, who is not in any sense a servant of the State. At the earliest possible date after admission the patient should be visited, and his insanity tested and certified by one of the present Lunacy Commissioners, or by medical Sub-Commissioners, or by district medical inspectors of the insane. Four or five additional officers ought easily to perform this duty, even if the registered hospitals were included, the admissions in 1882 having been only 1,096 to the licensed houses, 106 to single care, and 896 to the lunatic hospitals.

If this duty were efficiently performed by responsible officials, under the direction and supervision of the Lunacy Commissioners, much would have been effected to remove the clamour against private asylums and the Lunacy Laws.

The supervision of the detention of the insane might be carried on by the same officials in their visits to certify the admissions. The total number of private patients being only about four thousand, this task would not be too heavy, and should in some measure be made to relieve the work of the present Commission.

The necessity for some aid to the Lunacy Commission must be obvious, when it is considered that since its appointment the number of lunatics and of asylums has more than doubled, while the complexity of the functions discharged has been almost indefinitely extended.

So great an increase in the extent and importance of the duties of the Lunacy Board demands that there should be a considerable increase in their rate of pay.

This formerly presented a respectable contrast with that of asylum-superintendents, but at the present time the general difference is not very large, and there are several asylum posts at least which are quite as lucrative as a commissionership.

It is to be feared that in the future the best men will not be attracted to the Commission unless some such change be made, and that the influence of the Commission will thereby undergo considerable diminution.

The increased power of supervision which would be gained by the appointment of sub- or deputy-commissioners, should tend also to obviate the danger which at present exists of the friends of patients, both in private asylums and public lunatic hospitals, taking charge of them against the advice of the medical officers. This action on the part of friends not rarely leads to suicide, and constantly to relapses and damage to the patients. The knowledge of individual cases which the sub-commissioners would acquire should enable them to support medical officers in preventing such ill-judged action on the part of friends.

The appointment of additional medical help to the Lunacy Commission should tend also to remove the present anomaly of barristers being called on to express opinions on conditions of disease which demand at least a medical training, if not a special experience in the study of insanity.

The County Boards Bill is a legislative bogey that has been shaken before our eyes for many years past. This at present seems very remote, but when the evil does arrive, it may be found that the interests of the insane may not be affected in the unfavourable manner that has been anticipated. Before this arrives it must be devoutly wished that a Minister of Public Health may be appointed, and that insanity may fall under his control.

In any case, the Association should not fail in repeatedly bringing to the notice of the Government the resolutions adopted by this Association in regard to the application of the Government grant to the maintenance of asylums, and in reference to the pensions of asylum medical officers being assimilated to those of the higher class of civil servants.

I would suggest also that representations be made in regard to increase of pay. This, at present, is fixed according to no definite scale, so that some medical officers, after many years of service, find their incomes of less value than at the commencement.

I would suggest that while there should be special increase for special good service, there should be a regular rate of increment, so that this should not depend, as at present, on any one of a score of accidental circumstances.

The future of insanity, in regard to the probability of increase, or even of decrease, is perhaps the most interesting of the forecasts of this subject, and is also of great practical import in connection with the provision of additional asylums or other accommodation. The accumulation of certified lunatics in recent years, constituting an advance from 36,000 in 1859 to 76,000 in 1883, has been due chiefly to several causes the relative values of which are unascertainable, and so do not afford data for estimates which might themselves be invalidated by the introduction hereafter of new disturbing causes. This only is certain, that the past apparent increase has not been due to a corresponding development of insanity in the community. This increase, apart from growth of population, has been chiefly due to the extension of the registration of lunatics, to the action of the Irremovable Poor Act of 1861, and to the Government Grant to Lunatics, 1874;

to these may be added the increased longevity of lunatics in asylums. The two first causes have probably ceased to be operative; the two latter have not yet exhausted their possibilities.

On the other hand, there are some favourable elements in the outlook.

The confinement of so many insane persons in asylums ought sooner or later to tell on the production of insanity by heredity.

Education, although as at present conducted productive of some amount of insanity, will ultimately prove one of the most potent agents in prevention, both by its direct and indirect influence. The increase of the wages and leisure of the working classes in recent years at first led only to additional intemperance, the sole recreation permitted them by the state of ignorance in which they had been kept. In the future education may lead them to more varied and intelligent recreation, with beneficial results to their mental health and temperance.

Temperance, from this and other influences, is making some progress in the working classes; and there is every reason to believe it will continue to advance, and in its turn favourably affect the statistics of insanity.

General paralysis of the insane appears to me to have been the one form of mental disorder in which there has been an undoubted and very considerable increase. Yet, even here, I believe that some favourable points may be found.

In my earlier experience, railway employés seemed to furnish an unduly large contingent of this disease, which has latterly diminished. This change being associated, I believe, with the relief from excessive hours of work which this class of men has obtained, I wish that the same relief could be gained for the police

force, for London coachmen, and other classes who have unduly long hours of work, and who contribute an excessive proportion of this form of disease.

It would be impossible, in the time at my disposal, to give due consideration to the action of all the various causes brought into play by rapidly advancing civilization; and I must be content in pointing out the fact that during the last four years at least, the rate of increase of insanity appears to have been checked.

This satisfactory information is stated in the Reports of the Lunacy Commission, which show that the *ratio* of admissions per 10,000 of the population in the last four years has been 5.16, which compares favourably with 5.26, the average of the four preceding years.

From this and other considerations hope may be felt that the additional asylum accommodation to be provided for in the near future will not be so extensive as that which has been required in the past; and it would seem desirable that such future additions as may be necessary should be regarded as the completion of the structural apparatus for the treatment of the insane. On this view, opportunities hereafter arising should be used for correcting errors that have occurred in the past hurried provision for the sudden expansions of lunacy.

Of the various modes of providing increased accommodation, additions to old asylums appear to me to be the most costly, since they sooner or later entail complete structural re-organization of the whole administrative fabric, and the results of such changes are often otherwise unsatisfactory. Some of the old asylums, indeed, are structurally unfit for the treatment of recent cases on any large scale, and might with advantage be relegated to the reception of chronic patients.

Large imbecile asylums may possibly have the advantage of economy, yet I am unable to comprehend

that the association in one large day-room of 140 imbeciles can be conducive to their comfort, especially at such a distance from their homes that they are practically divorced from their friends.

The *aged* imbeciles, if quiet and orderly enough to live in the same room with so many others, might surely be better provided for in their own parishes, where they might still receive some pleasure from the visits of their friends, on whom they would exercise the humanizing influence developed by bestowing care and attention on the sick and helpless. The present system, on the contrary, tends to produce in the poor the habit of shirking their responsibilities to their aged and helpless relatives.

The Poor Law system is not readily moved in the direction of more liberal measures, but I am assured that the more this question of the care of the aged poor is enquired into the greater reason will be found for a more philanthropic treatment in work-houses; and one result of this, if adopted, would be a considerable diminution of the numbers requiring imbecile asylum-accommodation.

In place of increasing imbecile, or enlarging old asylums, I trust all future opportunities will be seized to build hospitals or asylums of moderate size for recent cases, in which ample space, generous dietaries, and a large medical staff shall be provided, in recognition of the fact, which can not be too often repeated, that liberal (even lavish) treatment of insanity in its early stages is the truest economy, resulting in an increase in recovery-rate, and consequent diminution of the chronic insane.

The FUTURE of treatment is, I think, the most hopeful outlook of our present position, and I would that the prospect of prevention were as favourable.

In the memorable address of 1881, Dr. Hack Tuke

pointed out the difficulty of proving by statistics that there had been any considerable advance in the proportion of recoveries, and I must confess my inability to prove, by direct reference to figures, that such progress has been made.

Indirect evidence, however, is not wanting. The increased number of general paralytics and of aged persons in the admissions of late years ought very considerably to have reduced the recovery-rate; this has not been the case, and the conclusion, therefore, may fairly be drawn that there has been an increase of recoveries among the smaller proportion of curable admissions.

Our *progress in treatment*, however, would appear to have been more conspicuous on the negative than on the positive side, and to have consisted in great measure in clearing off established errors.

Long after Conolly had dealt the death-blow to mechanical restraint, chemical coercion survived in the form of tartrate of antimony, cathartics and narcotics. The abuse of these has been gradually dying out; and, as I am firm in the belief, that the most troublesome chronic lunatics of the old *régime* were due to these abuses, I can not but regard this as an immense gain.

The craving for *specifics*, which may be regarded as the search for a medical philosopher's stone, that should transmute disease into health, and in a few days undo the morbid nutrition of a lifetime, or even of two or three generations, has also died out.

Some alienist physicians are inclined to believe that our knowledge of the action of drugs on special parts of the nervous system may be used with advantage in forwarding the restoration of healthy nutrition of the brain; others, and I am one of these, believe that the difficulty of adjusting the dose, of regulating the intensity and duration of drug-action, has not been yet

surmounted, and fear that collateral disadvantages, produced by these drugs in the disorder of assimilation and nutrition, would always more than counterbalance any good that might be produced by their direct action on the nervous centres.

I must confess that I have rarely satisfied myself of having produced beneficial effects from the administration of such remedies; but, on the contrary, have often had no doubt whatever in regard to the evil done both by my own prescriptions and those of others. During the chloral epidemic a few years since, I saw several cases of mere brain-fag, or simple melancholy, which had been converted into protracted, restless, suicidal forms of melancholia by the use of chloral; and I have seen such ill-effects follow the use of other drugs, when used with the view of curing states of chronic malnutrition, that I feel it a duty thus openly to express my opinion. I do not, of course, debar myself from the use of them in cases of transient functional disorders.

Much has yet to be learnt in our attempts to influence directly the nutrition of the brain by the application of heat or cold, by electricity, by counter-irritation, or by local abstraction of blood. Dr. Tuke also will probably advocate the use of hypnotism and the influence of the imagination; but these are scarcely as yet within the range of practical therapeutics.

Whatever are the views held on the preceding points, all agree that reparative nutrition of the brain is not probable without an antecedent or corresponding improvement of the general bodily health, and that it is necessary to be a good general physician to become a successful alienist.

I have great pleasure in noting that the winner of the Association Prize Essay for this year, Dr. Rutherford Macphail, has, in *Clinical Observations on the*

Blood of the Insane, directed his observation to the action of tonics on the blood, an earnest, I trust, of future exertions in this and similar directions.

The open-door system is a point of treatment which has drawn considerable attention of late. This has been ably discussed by Dr. Campbell in the last number of the Association Journal. I can add nothing to his acute examination; but would say that I agree with him, that evidence is required of the advantages of this plan, and in refutation of the *disadvantages* that have been imputed to it.

Asylum dietetics still offer a considerable field for progress and improvement.

The nutritive value of these, as far as I can gather from past asylum reports, has, in many instances, diminished during the past twenty years. This diminution, where it has occurred, may be said to be counterbalanced by a more liberal distribution of extras; but with the greatest care and attention, in this respect, a lowered diet scale is a source of danger to recent cases treated in large asylums, in which acute and chronic cases are mingled.

In variety of dietary much advance has been made—a fortnightly diet table having, in some cases, superseded the weekly monotony. I shall hail with congratulation the introduction of the first monthly list.

Beyond this, I think that more definite recognition should be given to the necessity for adapting the dietary to the winter and summer. Some such adjustment occurs in the natural course of events; but these modifications, resulting from season, might, with advantage, be increased, and be more definitely stated in asylum-dietaries.

While on this topic I would suggest that the Association should draw up and adapt an uniform system of

diet scales, so that it may be possible to arrive at the absolute nutritional value of a given dietary, and to compare it with others. Some time since I endeavoured to make such an analysis and comparison of existing dietaries; but I must confess that I did not complete my task, the necessary computations being so numerous and perplexing. For example, in many diet tables, meat, uncooked meat, uncooked meat free from bone, were or were not distinguished, and this meat might, in quality, be beef, pork or mutton, and, in state, be boiled or roast, salted or tinned. The *proportions* of ingredients in compound preparations were not infrequently described by that definiteness of quantity which is recognized in the expression, "the size of a lump of chalk." I will only add that my own diet-table may be taken in illustration of my remarks.

Apart from these questions, more systematic attention might be given to cooking. Good cooking depends on knowledge and labour; the latter is a drug in asylums, and the former might be increased by greater facilities for interchange of information, which might be furnished by a corner of the Journal being set apart for cooking queries and suggestions.

I can not pass from the subject of dietary without alluding to the introduction of enforced total abstinence in asylums.

The chief arguments advanced in favour of this measure are economy, benefit to asylum discipline, and advantage in treatment.

The economic argument may be dismissed, for there is not much doubt that the value of the beer will have to be supplied in another and possibly more expensive form; but this argument should not by itself be of value even if true.

If the distribution of beer leads to irregularities, this

must surely be a matter of discipline to be overcome or avoided; and matters might be rendered worse by a regulation which would enlist the sympathy of friends, patients, and employed on the side of smuggling. This can scarcely be admitted as a valid reason.

It would seem unjust that because *A* drinks, *B* should be deprived of his beer; nor does it seem right to deprive a man of an habitual article of diet simply because he has become insane, since experience has taught that the deprivation of a habit may seriously interfere with nutritional repair.

Regarded as a therapeutic measure, it does not accord with the general plan of asylum treatment which aims at interfering with personal comfort as little as possible.

Even as special treatment for the inebriate, its advisability is open to debate. I believe that in these cases the most assured success is obtained where the *will* of the patient is enlisted, and habits of self-control are cultivated and developed; by this forcible proceeding, on the contrary, the will and desire of the patient may be arrayed against what may be considered an injustice. Formerly I recommended total abstinence to inebriates, but I found this so unsatisfactory in its results, that of late years I have insisted only that stimulants should never be taken except at meals, and then in a dilute form. This plan has been much more successful.

I have so frequently noted in the history of patients admitted within the last few years that the mental disorder had developed after a more or less protracted period of total abstinence, not always in intemperate persons, that I have been led to consider that there may be danger in recommending this, by itself, as a panacea for inebriety. In every case it should be accompanied by other changes in the mode of life; by suitable treatment, in fact. The necessity for this is widened by

the knowledge that persons in moderately good health often suffer considerably in their attempts at total abstinence. The disregard of precautions in adopting teetotalism often leads to an intensified outbreak of intemperance, or to a break-down in the nervous system.

I shall require convincing proof of the advantages of this means of treatment before adopting it.

Much advance is still to be made in the amount of medical attendance to be given to the insane in this country. English asylums are built on the most liberal scale, but the medical staff, until quite recently and with a few exceptions, was provided with a strongly contrasted niggardliness.

In most countries it would be easier to obtain £5,000 for structure than £500 for treatment, this perhaps being due in some measure to the source whence the funds are derived.

Although some progress has been recently made, the proportion of medical officers to patients is still much smaller in this country than in America and many continental asylums.

Combined efforts are needed that this anomalous contrast between lavish expenditure in building and niggardliness in treatment may be rectified.

The training and instruction of asylum-attendants affords ample scope for progress; much has been done, but much remains to do. Dr. Campbell Clarke has published in the *Journal* this year some results of his efforts at instructing his attendants, who, I am assured, will be rendered more efficient by having an interest in their work. No more important curative influence could be brought to bear than by developing intelligent and zealous activity in this direction among lay asylum-officials.

I have been so strongly impressed by improvement occurring in the most unhopeful cases, as a result of the bestowal of special care, that I have almost come to regard the one as having a direct relation to the other.

Large as are the possibilities of advance in curative measures, the great field for future progress lies in the prevention of insanity.

Efforts in this direction should be recognised as a fundamental duty by every alienist physician, and the members of this Association would render important service to the community, by seizing every opportunity of diffusing information in regard to facts relating to the causation of insanity.

To render our efforts more successful, it is desirable that our knowledge on these points should be extended, and this would be very considerably aided by the adoption of a system of collective investigation.

The Statistical Tables of the Association may be considered as a collective investigation, but outside the broad lines which they pursue are innumerable points which require examination. I would wish that two or three of these should receive special attention in each year.

Keeping in view the importance of our duties in regard to the prevention of insanity, I would suggest that the first subjects to which attention should be directed should be those relating to the genesis of insanity.

I am of opinion with reference to mental disorder that the paraphrase might be used, *nemo repente fuit insana*, with the liberal translation, that it takes more than one generation to produce a lunatic.

In the finer degrees of heredity alone exists a boundless field of enquiry. What valuable additions to our preventative knowledge would be gained, by arriving

at some definite conclusion why, in a neurotic family, one member may be healthy, another neurotic only, another insane, or another phthisical. These are questions which, however difficult, I believe would yield to an extensive combined enquiry.

I will not weary you with suggestions of possible subjects for research—their number is legion, and many of a character to overtask individual powers or opportunities of observation.

I shall endeavour to make my suggestion on this point bear fruit by submitting to the Association a resolution for the appointment of a Committee for Collective Investigation, which, I trust, will obtain the earnest support of individual members.

Vague and ill-defined as our present knowledge of the genesis of mental disorders is, we may assert that these are dependent on *conditions* that are removable or avoidable, and are not the necessary concomitants of civilization, or the inevitable attendants on humanity; and that insanity may therefore be regarded as being largely preventable.

I have intimated my conviction of possible increase in curative results, and I cherish the hope that in no distant future, in spite of, even by reason of, farther advance in civilization, the present rate of development of insanity, through the combined action of preventative and curative influences, may undergo not only arrest, but diminution.

Utopian although this expectation may be, the possibility of its fulfillment should unite to more vigorous exertion in the warfare waged against the prejudices, ignorances, and errors which constitute the chief forces of our arch enemy, Disease.

ABSTRACTS AND EXTRACTS.

PERIODICAL CHANGE OF COLOUR OF HAIR.—A young girl, aged thirteen, of an idiotic type, was admitted into the asylum at Hamburg on April 1st, 1880, and died there in 1892. At the age of three years she began to be affected with spontaneous movements like those of St. Vitus' dance, which were chiefly confined to the head and upper limbs. Between her fifth and sixth year she had become the subject of well-marked epilepsy. She was able when four years old to run round a table, but her powers of progression steadily diminished and the lower limbs passed into a condition of chronic stiffness. When in the asylum of Dalldorf (Hamburg) she had epileptic fits about every eight or fourteen days; besides, it was observed that she experienced alternations of agitation and calmness, each of about a week's duration. In the period of agitation the turgescence and redness of the face were most pronounced, the pulse was full, the skin warm, and actively transpiring, at the same time that the mental condition was one of extreme obstinacy. Further, it was often remarked that the colour of the hair underwent decided changes; sometimes it was blond and at others red, whilst the depth of these colours also varied. The alterations in colour occurred in the brief space of two or three days; the first appearance of change was observed at the free ends of the hairs; the same tint of hair persisted for seven or eight days. Each of these periods of change of colour of hair coincided with a phase of agitation or sedateness. During the state of excitement the hair always had a red colour, whilst pending the phases of stupidity the blond tint prevailed. The case appeared to be one of genuine pathological change. The paler hairs differed from the darker ones only in the presence of more numerous air spaces. The structure of the brain and spinal cord was much altered.—*The Lancet*, October 4, 1884.

SHOOTINGS FOR LUNATIC ASYLUM PATIENTS.—A paragraph in the *New Moon* of October, 1884, a periodical published at the Dumfries Asylum, tells how 2,000 acres of moor have been taken for shootings for the patients, and gives the name of a patient who was out shooting, and the bag made. The advisability of placing loaded guns in the hands of patients who are under cer-

tificates of lunacy, and detained as inmates of an asylum, is a question open to a considerable amount of diversity of opinion. The uncertainty of mental disease is known, also the frequency of sudden relapses in convalescents, and the impulsiveness of action in such cases is recognised. The physician who prescribes shooting for his insane patients must have a thorough belief in his knowledge of his cases, and in his own judgment. It is to be hoped that the attendants who accompany the shooting parties are well paid for the risks they run, and have their lives insured in accidental offices. Though the terms of the charters of most of the endowed asylums are not generally known, yet the tenour of the benefaction, in most instances, was intended to enable sufferers from mental disease, educated though poor owing to the calamity of their diseases, to enjoy medical treatment and social comfort suitable to their former position. Very properly, there have been of late years advances in the ideas of social comfort, and seaside houses and addenda of like description are now connected with asylums of this class. Occasionally remarks have appeared pointing out that some endowed asylums, neglectful of their true work, lay themselves out to attract rich boarders. Trustees and directors of endowed asylums should clearly keep before them the beneficent aims of original founders, and should not in any way be themselves the means of bringing an inquiry on themselves such as has been the case in some other endowed charities.—*The Lancet*, December 6, 1884.

THE MENTAL STATES INDUCED BY FRIGHT.—The *Wiener Medizinische Wochenschrift*, of July 19, 1884, contains an abstract of an interesting account of the earthquake at Ischia, written by Dr. Fazio, an eye-witness of the scene. The emotions awakened by the catastrophe were of the most varied character. During the fifteen seconds that the shock continued everybody stood still, seemingly rooted to the ground with terror. Men were weak in the knees and shook as with ague, feeling as though they were about to fall, but none of them had convulsions, delirium, or syncope. But soon this stillness was broken by loud cries and howls, and every one rushed toward the shore. Then women and children fell into convulsions or appeared to be semi-paralyzed and speechless. Rudeness and brutality were mingled with self-sacrifice and heroism of the most exalted character. Six hours after the catastrophe the stillness of death reigned over Casamic-

ciola. Men wandered about the ruins half clad and silent as if risen from the grave; women were excited and hysterical; children of eight or ten years seemed dazed and stupefied, while smaller children stood around unconcernedly eating whatever they could find in the ruins. It is most interesting to see the different ways in which individuals were affected by the shock. The keeper of a refreshment booth who had lost everything kept offering his delicacies to those who passed by, just as though everything had not been swept away. A surgeon, covered with blood and sorely wounded by the fallen beams, was concerned only for his instruments, and inquired after them of everybody whom he encountered. An hysterical woman, who had been bed-ridden for months, jumped up and saved herself by flight, and remained permanently cured. Many who were at first brave and full of energy became later depressed and apathetic, or had convulsion or alternate fits of laughter and crying. Sometimes a melancholia was induced which continued for months, and many became incurably insane. Abortion was very common, and there were many cases of suddenly arrested menstruation. The sexual appetite was universally destroyed for many days after the earthquake, and in many instances there was also an aversion to food. There were numerous cases of retention of urine, sometimes lasting for days and demanding catheterization. There were several instances in which the hair was whitened by fright and even some boys of ten to fourteen years showed heads sprinkled with gray. Many of those buried in the ruins exhibited the greatest indifference to their fate, following listlessly with their eyes the motions of those busied in their rescue. A foreign officer whose legs were imprisoned under some heavy timbers drew out a cigarette and smoked it with the utmost nonchalance. One man, as soon as he was pulled from the ruins, shook his rescuer by the hand and presented him with his card. Another, who lay beneath the debris for twenty hours, immediately looked at his watch in order to record the exact instant of his deliverance. A lady who had just been extricated from a mass of rubbish would not budge from the spot until she could ascertain the fate of her pet dog, which was buried with her. One woman who heard a man calling for his daughter, deceived him so cunningly that she was rescued by him before the trick was discovered. Most of the people, however, who were imprisoned beneath the ruins were too indifferent to their fate to attempt any such deception, and most of them had not the slightest idea of the length of time during which they were buried.

Most of those who were wounded by the falling buildings underwent the necessary surgical operations without experiencing any pain, though some were hyperæsthetic.—*Medical Record*, November 8, 1884.

THE NEW PENAL CODE AND THE RHINELANDER CASE.—In our issue of September 20th, we gave the main facts regarding the Rhinelander case, which for many reasons has excited unusual interest in the community. The defendant, Mr. William C. Rhinelander, committed a homicidal assault upon Mr. John Drake, whom he believed to be alienating the affections of his (Rhinelander's) wife. Being brought to trial, the prisoner's relations claimed that he was insane, while he himself denied this and contended that he should be brought to criminal trial for his act. The position thus taken by the prisoner was unique. But besides this, the trial involved the application for the first time of the sections in the new Code providing for the trial of persons who put in a plea of insanity as an excuse for crime. The law says that if any person under indictment for the crime of murder or attempt at murder shall appear to be insane, the Court of Oyer and Terminer may, with the concurrence of the presiding judge, inquire into the sanity, of such persons, and may for that purpose appoint a commission to inquire into the facts of the case and report to the court. Such a commission was appointed by Recorder Smyth, which consisted of Dr. William Detmold, Mr. Patrick Nolan, and Mr. Edward Paterson. A large amount of evidence was taken. A report was finally made to the Court, in which two of the commissioners, Dr. Detmold and Mr. Nolan, stated the opinion that the prisoner was insane, while Mr. Paterson gave a contrary opinion.

Recorder Smyth has recently, after reviewing the evidence furnished by the commission, reversed its decision and decided that the defendant is sane. In doing this he establishes the precedent that a judge may reverse the decision of the commission he appoints. The case, besides furnishing a precedent on the above point, is instructive in that it shows how valueless expert testimony may still be, even under the new law. This law, in fact, though it gives some additional guarantee that the sanity of a prisoner is submitted to a careful test, does not in the least improve upon the mode of getting expert opinion. In the present case the weight of scientific opinion was almost entirely on the side of

Rhineland's insanity. In fact we do not recall a single name among the experts put up by Rhineland's counsel which would carry weight in the profession. As long as lawyers can set up any doctor, however unqualified as an expert, we must expect the present state of affairs to continue. It is as ridiculous to assume that every medical man, even if he has had a little special experience, is an expert on insanity as to suppose that every general practitioner is an ophthalmologist or a dermatologist.—*Ibid.*

MELANCHOLIA, IN ITS RELATIONS TO DIMINUTION OF THE OXYGEN SUPPLY.—Under this title Dr. J. Harrington Douty, of the Worcester county and city asylum, contributes an interesting article to the London *Lancet*, of October 11, 1884. He directs attention to the fact that mental depression is very frequently associated with anæmic conditions, with valvular or structural disease of the heart, or with pulmonary lesions, states of the various organs or of the blood itself which result in insufficiency of the supply of the oxygen by the blood to the brain. From an examination of a number of cases of melancholia in the Worcester asylum he found that in a very large proportion—75 per cent—either (1) the blood itself was impoverished, or (2) the state of the respiratory or circulatory apparatus was such as to prevent healthy aeration. Forty-seven per cent. of the patients were anæmic and in eighteen per cent. of the cases the character of the patients' daily occupation in coal mines, iron works, needle factories, potteries, shops, &c., was responsible for the impoverishment of the blood, the condition due to the scarcity of fresh air in the work-room being aggravated in many cases, by the insanitary homes or the hours spent in the impure atmosphere of the public house after the day's work was done. Under such conditions there is no chance for the blood to make up for the losses it has sustained during the day.

Dr. Douty says that in cases where melancholia accompanies anæmia it would seem that it is usually rather the chronic than the acute form of anæmia. In what might be called the acute form, *i. e.*, the chlorotic conditions of girls, the anæmia comes on so rapidly and is so extreme as to lead the patient to notice her condition and to seek advice, resulting usually in a rapid cure, the mental state, though occasionally one of depression, is generally a slight general inactivity of the functions. He also says, what is universally known, that melancholics admitted from places and

circumstances that produce an anæmic and unhealthy condition frequently improve as by magic; they obtain an invigorating country air, are made to take plenty of healthy exercise out of doors, and lead a regular life. These things, together with hæmatinics, iron, quinine, or arsenic, and in many cases stimulants in the form of brandy, beer, ammonia, and ether work the best results. The patient improves in appearance, gains weight, gets a good colour, and in these simple cases uncomplicated by grave bodily disease speedily recovers in respect to his mind.

He concludes "with facts like these before one it is but natural, though one may possibly have travelled along a wrong path, to arrive at a conclusion that some definite connection exists between the miserable mind and the imperfect supply of oxygen to the brain. In confronting the etiology of melancholia, wrapped as it is in uncertainty and concerning which so little investigation is recorded, even circumstantial evidence which points to a theory is valuable. There is a very natural tendency to seek for its cause amongst influences which act directly upon what we call 'mind.' An individual's happiness depends certainly to a considerable extent upon the kind of his surroundings; upon his wealth or poverty; success or failure; upon the temperament of those who are his daily associates; upon contentment; upon the kind of part he has to play upon the world's stage.

Trouble, disappointment, worry, and anxiety, long continued, may doubtless so react upon the healthiest of minds as to cause disorganization of its functions. A sense of weariness is induced; the individual acquires a feeling of disgust with things in general, and becomes depressed and miserable. His interest in things around him gets worn out, and his thoughts turn rather to the effects which he feels these surroundings are working upon himself. From such a state by exaggerating his troubles and his sins, by looking at everything on its dark side, he begins to draw on his imagination, and passes into a condition of insanity, conceives delusions, or meditates or commits the act of self-destruction. So by indefinite and invisible gradations is the melancholic state matured. Its production, however, by such mental influences alone is, I believe, by no means the rule; and when depending upon such alone, it generally yields to appropriate treatment. In a very large number of cases we have no history of misfortune or monotonous anxiety to account for its origin; and in such we turn to physical conditions, and inquire whether there is not a melancholia which depends on these for its causations. * * *

As I have said, observation has led me to believe, and is daily strengthening the belief, that an imperfect oxygen supply may produce a melancholia. How variations in its supply to the cerebrum act in producing a predominance of happy or of miserable types of thought, I will not venture to discuss; but facts seem to suggest that they are intimately connected with such predominance.

The events even of every day life may bear this out. After a day or a week of close confinement in an unhealthy chamber, resulting in a low and desponding state of mind, a condition of disgust with things in general, how a walk or a ride in pure air outside raises one's spirits. A man under such conditions often comes in, feeling, as he says, 'a different man.' There has been an abundant supply of oxygen, and the exercise has stimulated his heart to increased exertions in driving the oxygen loaded blood rapidly through his cerebral arteries. The raising of one's spirits, the generation of happy thoughts as opposed to the miserable, which attend a journey or sojourn in a highly ozonised atmosphere are surely physiological results; and so also the opposite tendencies of unhygienic conditions to bad temper, irritability, gloomy and miserable states of mind are pathological certainties. Such unhygienic conditions, I hold, we may associate with the various organic diseases I have above referred to and anæmia, as all tending towards the same mental state, and it seems more than likely that they exert their respective influences towards its production through imperfect oxygen supply as a common medium."

RELIGIOUS RITES IN THE EAST.—Before the Section of Psychological Medicine and Neurology of the International Medical Congress, held last year at Copenhagen, Dr. Zambaco read an interesting paper on Oriental Religious Rites, and their bearing upon psychological medicine. He said that in Islamism, there were several routes or *tariks* leading to Paradise, by special methods of adoring the Deity and the prophet. Numerous confraternities, having at their head *chehs*, gave themselves up to prayers with demonstrations, varied according to the body to which they belong. These *chehs* were holy men, gentle, amiable, and intelligent. The religious exercises of these fraternities led to nervous excitement and neuropathic manifestations, resembling the hysterical outbursts of Christendom in past centuries, which might

still be met with at the present day in some Christian lands. The sect of the Naxi-Bendi was one of the most important; assembled in their chapel, they would fall on their knees, facing the *cheh*, who watched them during the whole ceremony, which lasted about two hours, during which period all the worshipers had their eyes closed, the *cheh* alone excepted. The latter commenced by offering up a short prayer, then came an interval for meditation, followed by a hymn, after which various nervous manifestations would make their appearance. Some would be seized with partial convulsions, others with epileptiform attacks. One would commence a violent rotation of his head, moving it 400 times a minute; another would strike his knees with his hands 200 times a minute, saying each time he did so, "Allah," another would be seized with violent laughter, another with lamentations and a flood of tears. Some would be found in various attitudes, others would utter discordant cries. In the place set apart for women the scenes that took place were even more extravagant; every stage and variety of hysteric contortion could be seen, including catalepsy, choreiform movements of the head, and epileptoid attacks. Ultimately they all became calm, worn out with exhaustion. Towards the end of the performance, the *cheh*, after reciting some prayers in a low voice, would blow with all his might on the chest of those supposed to be exercised over the region of the heart, and at each blast of his breath, which sounded as if it came from a metal tube, the subject would tremble. In this way the *cheh* treated a crowd of patients, mostly neuropathies. He also would go out into the village to those who were not able to be moved, but he did not exclude the calling in of medical practitioners. He also blessed the linen and clothes of patients, that they might recover their health by wearing them. Another favorite method of treatment with him was to write some prayers on a piece of paper, which would then be placed in a glass of water and be swallowed by the patient. There were other sects whose religious manifestations would be of interest to the neurologist, notably the Bavais, who fell into convulsions after having leaped and danced and oscillated in every possible direction, and cried aloud for whole hours together. When the paroxysm was nearly over, they were so analgesic that the skin and the limbs and trunk might be pierced with a brooch without their feeling any pain, and they would swallow bits of glass, living scorpions, and the leaves of the cactus. —*Medical Times and Gazette*, October 4, 1884.

LUNACY STATISTICS.—The Lunacy Commissioners, in their recently published report, state that on the 1st January, 1883, the total number of patients in the county and borough asylums was 45,850. Of this number 317 were male and 369 female private patients, and 20,301 male and 24,863 female pauper patients. The total admissions during the year were 12,864, including 1,608 readmissions into the same asylum, and 1,061 transfers from other asylums. Correcting this number by deducting the transfers, the fresh admissions for the year will stand at 11,803, namely, 5,652 males and 6,151 females. The total discharges during the year were 6,637, of whom 4,590 (1,994 males and 2,596 females) were returned as recovered. The deaths during the same period were 4,442; and the number of *post mortem* examinations were 3,065. The average daily number resident in the county and borough asylums collectively was 45,062 (20,310 males and 24,752 females.) The recoveries bore to the admissions (excluding the transfers) the proportion of 35.28 per cent. for the males, and 42.20 per cent. for the females, or 38.88 for both sexes together. The death rate, calculated upon the average daily number resident during 1883, was in the ratio of 12.40 per cent. for the males and 7.76 for the females, or 9.85 for the sexes combined. The highest mortality for both sexes together was at the Stafford Asylum, where it rose to 17.5 per cent; at the Nottinghamshire Asylum, where it reached 16.1 per cent.; the ratio 15.5, at the Birmingham (Winson Green) Asylum, being only a little lower. Neither of these three institutions was, however, visited by epidemic disease. The percentage of *post mortem* examinations to the deaths (nearly 69 per cent.) is higher than the commissioners have hitherto been able to report, and it reflects, they consider, a great credit on the medical superintendents of asylums as a body; though, indeed, the average would have been considerably improved had more examinations been made in certain asylums. Thus, at Littlemore (Oxford, &c.) Asylum, there were but 13 examinations to 42 deaths, a percentage of 30.95 only. The proportion was the smallest at the Hull Borough Asylum, but the commissioners have little doubt that at the new asylum it will be possible to hold more examinations. On the other hand it is worthy of remark that at the Kent Asylum, there was a *post mortem* examination after each of the 129 deaths, and this was also the case at the Leicester Borough Asylum, though, of course, the deaths were much fewer, being only 37. In several other asylums there were nearly as many examinations as deaths.—*British Medical Journal*, November 15, 1884.

HÆMATOMA AURIS.—Under this title, Dr. Samuel Sexton (*N. Y. Med. Record*, July 5, August 2, 9 and 16, 1884) has written the most elaborate essay on othæmatoma in the English language. In the author's opinion, othæmatoma, or sanguineous tumor of the auricle, may be produced either by severe contusion of the auricle, or it may, as is asserted, take its origin from idiopathic causes alone. Most frequently, however, the author thinks that it is due to violence, even where a predisposition to its occurrence exists. The size of the tumor varies from that of a Lima bean to that of an egg. Its formation is usually rapid, and the sanguineous contents of the tumor, at first fluid, show a marked tendency to become clotted, and quite often, unless incised, spontaneous rupture takes place. The disease most frequently occurs in the insane. The etiology of othæmatoma in the insane has long been the subject of discussion. Bird (1834) was at a loss to account for it, and Franz Fischer (1848) concluded that the causes must ultimately be sought for in pathological states of the nervous system. Dr. Sexton believes that the intense congestion of the ears sometimes witnessed in connection with great cerebral excitement in the insane can not but suggest the possibility of spontaneous extravasation of blood beneath the perichondrium. It is also held to be probable that certain tissue-changes in the perichondrium and cartilage may induce othæmatoma. These tissue-changes seem to be mainly brought about through the agency of the nervous system, although many authorities lay much stress on the influence of blood-dyscrasias in producing changes in the blood-vessels of the auricle. The author, however, holds that the "weight of evidence leads to the conclusion that they most frequently depend on a morbid state of the brain, especially on congestion of the organ." He also advances Robertson's idea that functional disturbance of the brain or of its cerebro-spinal system, giving rise to disorder of the cervical sympathetic, may, by reasons of the dominance thus exercised on the vessel-regulating nerves distributed to both intracranial ganglia and the auricle, set up hyperæmia in the former and vascular changes in the latter.

When othæmatoma occurs in the course of general paralysis, it would seem that auricular congestion took place in consequence of the general degeneration of the sympathetic; and it has been suggested by Bonnet that in inflammation of the brain the aural disease becomes advantageous to the patient, since the hemorrhage is thus spent upon the posterier auriculars, coming from the middle meningeal artery. "Other impressions propagated by

morbid processes in other organs through the sympathetic nervous system are worthy of consideration: thus in the examination of insane subjects having this affection, the almost universal prevalence of nasal catarrhs, diseased teeth, and (in the female) of uterine disease is notable, and it is well known that the irritation due to these influences is transmitted through the nerves, and may not only exasperate cerebral disease itself, but is liable to also affect the organ of hearing." The predisponents believed to have an important relation to othæmatoma are as follows: age (as it does not occur before adolescence), insanity, intemperance, cachexia, sex (the male being more liable than the female), and traumatic influences.

All forms of mental disease seem to be predisposing, but the conditions most favorable to othæmatoma are present in acute dementia where long-standing vaso-motor disturbances are followed by paroxysms of excitement.

Women are said to enjoy considerable immunity from the general paralysis of the insane, and consequently to escape the frequent paroxysms of excitement which characterize this phase of mental disease. On the other hand, women are subject to a monthly aggravation of symptoms during the menstrual period, since the mentally sane, even, are more irascible and nervous at this time. The treatment of female lunatics, moreover, is more gentle than that of males, since their attendants are usually of their own sex, and less liable than male nurses to injure in handling violent or idiotic patients. The ears of female lunatics are somewhat protected by their hair and head-dressings.

In the mentally sane, the affection is most commonly met with among prize-fighters, gymnasts, persons given to violent sports, and among drunken and disorderly persons, where blows and falls are frequent. "From a careful study of the subject, the author has come to believe that othæmatoma is almost always due to violence inflicted upon the auricle. Asylum superintendents, however, have been, on the whole, perhaps rather disposed to undervalue the importance of mechanical causes, since it might be construed to imply undue restraint or rudeness in the management of their patients. It is highly probable that violent patients injure their own ears in various ways, and even those who are not violent, but suffering from hallucinations of hearing, undoubtedly injure their auricles by picking at and pulling them in order to gain relief from subjective sounds, pruritus, etc."

The more frequent occurrence of othæmatoma in the left auricle

of the insane has been the subject of much speculation. It has been suggested that the near position of the left carotid artery to the heart affords a more direct supply of blood to the left ear, and that, furthermore, the left pinna is more likely to be pulled by others, as it is most convenient to the right hand of the attacking party. It is also supposed that the left auricle is more likely to be pressed in forcible feeding. Dr. Sexton, however, thinks an explanation of the greater frequency of left-sided othæmatoma must be sought in some other direction, since the above apply only to mechanical agencies. It has occurred to him "that probably some vaso-motor influence might be found to lie at the bottom of the difficulty. It is a fact that unilateral sweating about the head is not an uncommon occurrence, also the left ear is more rapidly invaded in bilateral chronic catarrh—a condition, Dr. Sexton thinks, due in all probability to some vaso-motor disturbance whereby the nutritive process is interfered with much more on the left side than on the right side. While the agency may be found to lie in some cerebral or cerebro-spinal condition, there exists a prominent irregularity in the distribution of the sympathetic nerves which, it occurs to the author, might bring about such a result. Reference is made in this connection to the peculiar arrangement of the nerves extending upward from the cardiac plexus to the two sides of the head. There is here an important irregularity. Thus, while an unvarying connection is maintained with the right side through the superior cervical ganglion, a comparatively imperfect and varying connection exists on the *left* side, the left superior cardiac nerve and the inferior cardiac branch of the pneumogastric only occasionally affording communication between the cardiac plexus and the left superior cervical ganglion. It is held that this asymmetrical distribution above described might be the means of diminishing the vaso-motor dominance in respect to the circulation in the left ear, and thus lead, by disparity of vascularity in the two ears, to distinguishing nutritive changes in the tissue of the two ears, changes which are well marked in chronic catarrhal otitis media, in which the left membrana tympani is frequently found parchment-like while the right membrane is normal, and which are also seen, as the author believes, in the nutritive disturbances in the cartilage of the left auricle in othæmatoma. Othæmatoma does occur simultaneously in both auricles, which form of invasion is "suggestive of centric nervous origin."

No distinction is made between othæmatoma and the so-called

"idiopathic" perichondritis of the auricle, since in all cases of othæmatoma, perichondritis is never absent. A peculiar form of othæmatoma is mentioned as occurring in the insane, which is probably due to protracted and violent rubbing of the auricle. "Any portion of the perichondrium may be involved, but it is usually limited to a small space. Thickening is often scarcely observable, and to the feel it is not 'doughy.' The deep-seated nature of the inflamed or congested region, however, may be discovered by stretching out the auricle between the observer's eye and a strong light. The effusion is not sufficient to form a tumor: such cases seem to present the characteristics of the first stage of othæmatoma." The author then describes a case he has recently observed.

Treatment.—It is laid down as a safe rule not to be in haste to interfere unless rupture of the sac be imminent, since in a certain number of cases a manifest tendency to spontaneous recovery exists. It must also be remembered that, whatever the supposed cause or causes, we are dealing with a perichondritis, "in the treatment of which we should be guided rather by its character than it causes." And, furthermore, one should be guarded against the strong tendency to operate and interfere in these cases. Whenever these tumors have been treated, like abscesses, by incision, poulticing and stimulating lotions, the results have been almost invariably unfavorable, since gangrene, carious destruction of the cartilage, and, not rarely, death has been the end. (Dr. Wallis, 1884).

Wallis then fell back on nutritious diet, mild cathartics, and local applications of lead-water, treating the affection like *noli me tangere*. This treatment continued for weeks was successful in a number of cases. Fisher and Marcé pursued purely an expectant plan of treatment. Sexton declares othæmatoma to have an aggressive and regressive period. In the former the observer is seldom offered a chance of observing the incipient symptoms. Usually a tumor is found to exist, and the surgeon is called in to limit its extension if possible.

"If it is found that the serous or serosanguinolent exudation is not active, and that the quantity already present is not great, we may prescribe rest for the patient, and administer small and frequently repeated doses of the tincture of aconite root, with a view to arrest the activity of the circulation about the head. Locally the affected region, and beyond even, may be enveloped with a coating of collodion, the gentle and uniform pressure pro-

duced by its contraction acting as a compress, and thus promoting absorption."

In resorting to methods to increase absorption, care must be exercised lest they increase unduly the local irritation. When the tumor is large and contains a considerable clot, it is best to incise it and cause the contents of the sac to escape. To prevent refilling, a seton is recommended. As the secretion lessens, its removal will be best accomplished by aspiration. Adhesive inflammation is much better accomplished by massage than by the old method of irritation by a seton.—From a Report on the Progress of Otology, by Dr. Chas. H. Burnett, *Philadelphia Medical Times*, October 18, 1884.

BOOK NOTICES AND REVIEWS.

Text-Book of Medical Jurisprudence and Toxicology. By JOHN J. REESE, M. D., Professor of Medical Jurisprudence and Toxicology, in the University of Pennsylvania, etc., etc. Philadelphia: P. Blakiston, Son & Co.

As implied in the title, this book is designed for the use of medical students, and as such, supplies, we think, a real want. The subject is one whose great importance to the medical practitioner is esteemed all too lightly in our medical schools. But too often a chair of Medical Jurisprudence is regarded as a mere stepping stone to another, and thrown as a sop to some young aspirant to professorial honors. Indeed, it is the exception in our country to compel attendance on lectures on Medical Jurisprudence, and candidates for the degree of M. D. are not examined on the subject. This is not as it should be. It is true the subjects of Toxicology and Insanity, both having such important medico-legal bearings, are included in other special courses. Nevertheless, we contend that all medical schools should, where possible, have a separate chair of Medical Jurisprudence, and that an adequate knowledge of the science should always be insisted upon. What is more humiliating than the conflicting views of so-called medical experts on the witness-stand, and how often is this diversity of opinion due, not to perversity of judgment, but rather to the fact of their not having attended a systematic course of lectures on Medical Jurisprudence. We therefore welcome the issue of Dr. Reese's book as a handy and practical guide in which the student and practitioner will find presented, in succinct form, all the essentials of Legal Medicine.

The volume opens with a discussion of the question

of medical evidence in courts of law. The author insists on a clear understanding of the difference between an ordinary and an expert witness, namely, that the former testifies only to facts which he has seen, while the latter does not necessarily testify to facts, but gives his opinion on facts observed by himself, or testified to by others. And herein, according to him, lies the explanation of conflicting testimony—the “war of experts,” as the public chooses to call it. So-called “experts,” taken from the ranks of the general profession, being *doctors*, but too often imagine themselves qualified *ipso facto* to give testimony on any and all medico-legal questions.

“We believe,” says our author, “that if all the experts were equally honest, there rarely could occur any conflict of opinions between the opposite sides, since both are equally desirous of discovering and testifying to the truth, and truth is always undivided.”

He suggests a solution of the vexed question of expert testimony in the appointment in each State of one or more experts, who shall be State officers, physicians of thorough education, experience and training in this particular line, who shall devote their time exclusively to this duty, and for which they shall receive an adequate compensation. Such a system, or one greatly resembling it in all essential particulars, is in vogue in Germany.

Among the rules laid down by Dr. Reese for the expert’s guidance, none is worthier of observance than this—“He should never be afraid to say ‘I don’t know,’ if he does not know. Nothing is more dangerous than for a witness to attempt to guess for fear of being thought ignorant.”

In speaking of “Death by Starvation,” the author considers the doubt as to the perfect genuineness of the

notorious Dr. Tanner's fast confirmed by the fact of his inordinate appetite on the completion of it, unattended, as the ingestion of food was, by any ill-effects, which, he contends, is contrary to the general experience of others who have been deprived of nourishment for a long period.

Toxicology occupies more than a third of the volume. The more important poisons are discussed very carefully, and the most approved methods for their detection clearly stated.

The chapters on Insanity are on the whole well written, and will help the physician to a solution of many of the difficult medico-legal problems which he may encounter in practice.

We rejoice to find in Dr. Reese a firm believer in the doctrine that in numerous instances suicide is committed by sane persons—"deliberately perpetrated, with a distinct motive, and for a purpose." He makes a good point in argument when he says that "the laws of most modern civilized countries regard suicide as *a crime*, which they could not consistently do, if it was merely the manifestation of disease (insanity)."

In this connection, too, he very justly, to our mind, takes exception to the clause in life insurance policies which makes them void if the insurer "die by his own hand," whether the act of self-destruction be deliberate and intelligent or the result of the delirium of fever or some form of mental disease. The line, he thinks, should be sharply drawn between insane and intelligent suicides, and any other ruling appears to him "both unjust and lacking common honesty."

When on the subject of testamentary capacity, Dr. Reese is emphatic in his opinion that a will made by a person suffering from typhoid fever should be held valid "provided he was not delirious at the time." Herein

we must join issue with the author. In the last number of this JOURNAL, Dr. Chapin, in an article on the "Mental Capacity in Certain States of Typhoid Fever," shows conclusively, to our mind, that even in the absence of delirium a typhoid patient may make a will of which he has no subsequent recollection, and in a manner, moreover, at total variance with his wishes on recovery.

We would add, in conclusion, that Dr. Reese's textbook is worthy the great medical school from which it emanates, and that his conscientious work will surely serve to encourage, as he fain would hope, an increasing interest in "that most important, but too much neglected, subject—Forensic Medicine."

Manuel Pratique de Médecine Mentale.—Par le Dr. E. RÉGIS, Ancien Chef de Clinique des Maladies Mentales à la Faculté de Médecine de Paris, Ancien Médecin Adjoint à l'Asile Sainte-Anne, Médecin de la Maison de Santé du Castel d'Andorte, Lauréat de la Société Médico-Psychologique. Avec une préface par M. BENJAMIN BALL, Professeur de Clinique des Maladies Mentales à la Faculté de Médecine de Paris. Paris: Octave Doin, 8 Place de l'Odéon.

Few, if any, names in current French psychiatric literature are more familiar to the reader than that of Dr. E. Régis. His writings bear the imprint of honest work and original thought, and the "Practical Manual of Mental Medicine" before us is no exception to this rule. That his preceptor, Professor Ball, has written the preface to the book, is in itself strong evidence of its merits, and a perusal of the manual compels concurrence in all that the eminent teacher and author has to say in its favor.

The book is a neatly bound volume of 600 pages, and is divided into two main parts, one treating of mental pathology and the other of the application of mental pathology to practice. Its numerous chapters

are written with admirable conciseness and precision, the clinical pictures of the various types of insanity being especially praiseworthy. The history of insanity is presented in a nutshell in the first twenty-six pages. In defining, or attempting to define, insanity the author takes occasion to explain the difference between the terms *aliénation mentale* and *folie*, terms which, even in France, are often confounded. According to Dr. Régis, *aliénation mentale* is a generic term comprising, without distinction, all alterations of which the intelligence may be the seat—alterations constitutional or functional, congenital or acquired. *Folie* is simply one of the constituent parts of mental alienation, and refers to a loss of reason, properly so called, supervening as a disease in an individual up to that time rational. An imbecile is an *aliéné* because he presents manifest alteration of intelligence, arrest of development; but imbecile that he is, he is able to employ normally the limited amount of intelligence he possesses; he is not a madman. But let that imbecile, under the influence of a cause whatsoever, be seized with an attack of mania or melanchia, and a new element, *folie*, is grafted on his foundation of *aliénation mentale*: the *aliéné* has become *fou*.

Folie à double forme (circular mania), a subject to which the author has given especial attention, is fully and carefully treated. The same may be said of the chapter on General Paralysis. In discussing the oculo-pupillary symptoms in the latter disease, he calls attention to a significance which we believe is not generally recognized, namely, as to whether the right or left pupil is the more dilated. In the former case, we are said to have the depressive, and in the latter, the expansive form of the disease. He also refers to cutaneous anæsthesia, especially over the anterior portion of the thorax, as an early sign.

Good advice is given in his chapter on "Examination of the Patient," and we are pleased to find that, differing in this respect from other French authors, he believes that it is best, wherever possible, to present oneself to the patient *carrément en médecin*. In this connection he speaks of the emphatic opinion of Dr. MacDonald that to do otherwise is unworthy of a physician.

There is a good chapter on the medico-legal aspects of insanity, with a transcript of the famous "law of 1838."

In common with many French authors, Dr. Régis exaggerates, we think, the difficulties connected with artificial feeding. We have often been struck with the detail with which the operation is described in French books, and the numerous devices and tricks that are suggested to induce the patient to perform the act of deglutition when the tube reaches the pharynx. No fewer than seven pages are taken up in this volume with an account of the necessary(?) procedure. We do not claim any special manual dexterity in America, but certain it is that we do not, on this side of the Atlantic, experience the difficulties which our French confrères describe in connection with this little operation. This however, is a small matter and detracts in no way from the great value of the book which Dr. Régis has given us. We may add that the volume closes with model reports, being copies of official documents prepared by such men as Motet and Legrand du Saulle.

In the words of Dr. Ball's preface, we are "free to praise the excellent spirit in which this work is conceived, to signalize its incontestable merits, and to wish it a happy fate in medical literature."

Diseases of the Spinal Cord. By BYROM BRAMWELL, M. D., F. R. C. P. (Edin.), Lecturer on the Principles and Practice of Medicine, and on Medical Diagnosis, in the Extra-Academical School of Medicine, Edinburgh; Pathologist to the Edinburgh Royal Infirmary; Additional Examiner in Clinical Medicine in the University of Edinburgh, etc., etc., with 183 illustrations. Second edition. Edinburgh: Young J. Pentland, 1884.

Diseases of the Heart and Thoracic Aorta. By the same author, with 317 illustrations. Edinburgh: Young J. Pentland, 1884.

No better proof of the popularity of Dr. Bramwell's work on the Spinal Cord can be adduced than the fact of its having been translated into the German, French and Russian languages. The first edition appeared nearly three years ago, and is so well known to the profession that we need scarcely do more than state that the present volume represents the subsequent advance of neurological science and the author's further experience therein, and that in so far its value has been enhanced. A number of beautiful chromo-lithographs, all drawn, like those of the first edition, by the author himself, have been added, and there are also many new wood-cuts. Dr. Bramwell is a great believer in the value of diagrams, and all readers of his books know how much they serve to fix the attention and tend to elucidation of the text. A chapter on the method of examining cases of spinal concussion, with a discussion of some of the medico-legal relations of this difficult subject, will be read with interest in a country which is prolific in the production of so-called "railway spine." We can not too highly commend the mechanical execution of the volume, and we feel assured that, like its predecessor, it will be warmly and deservedly welcomed on this side of the Atlantic.

In his handsome text-book on the Heart, of 783 pages, Dr. Bramwell has done much to extend his

reputation as a clinician and original worker. The volume is profusely and beautifully illustrated; some of the 317 illustrations being masterpieces of chromolithography.

We shall not undertake a detailed review of this exhaustive treatise, but merely take occasion to commend to our readers the excellent chapter on cardiac neuroses, in which are discussed the to us important subjects, palpitation, intermittent action and angina pectoris. The last-named subject is very fully treated, particularly as regards its ætiology and pathology. Some of the theories advanced are original with the author and worthy of record here. He believes that in most cases of angina pectoris, the pain is due to irritation of the sensory nerve terminations in the wall of the heart itself, and thinks it a plausible theory that this irritation is due to the spasmodic contraction of the cardiac muscle; that the cardiac pain is, in fact, similar to the violent pain which is experienced in the calf muscles when they are spasmodically contracted as in ordinary cramp. The unilateral character of the pain is due, in the author's opinion, to the fact that the irritation of the cardiac nerves is in most cases limited to the nerves of the left ventricle, this being the cavity which has to overcome the sudden increase in the peripheral arterial resistance which is often the starting point of the attack. When the pain which has originated in the region of the heart, passes to the right arm from the left, the peripheral irritation has been sufficiently severe to pass over to the opposite side of the spinal cord. In other cases he thinks the radiation of the pain to the right arm is explainable on the theory that some of the fibres of the right ventricle have also become affected, and the nerve terminations in the walls of that cavity have become

irritated; or, that the primary seat of the lesion is extra-cardiac, in the coronary arteries—a lesion, for example, of the root of the aorta.

The same lucid style which characterizes the author's book on the Cord, is found in this no less valuable treatise on the Heart, and we can unhesitatingly recommend both volumes as trustworthy and valuable guides on the subjects of which they treat.

REVIEWS OF ASYLUM REPORTS.

Seventh Annual Report of the Danvers, Mass., Lunatic Hospital,
1884. Dr. WILLIAM B. GOLDSMITH.

There were 721 patients in this Hospital at the beginning of the year, October 1, 1883. There were 530 admitted during the year. Whole number under treatment, 1,251. The number discharged during the year was 533, of which 96 were recovered, 48 much improved, 67 improved, 209 unimproved, 101 died, and 12 were not insane; there were remaining in the Hospital at the close of the year 718—348 being men, and 370 women—a total of three less than the number at the beginning of the year.

Dr. Goldsmith, who had been given a year's leave of absence for special study abroad, did not return until July, 1884, and the institution was, therefore, under the charge of Dr. Henry R. Stedman, Acting Superintendent, during more than three-fourths of the year. The number of admissions during the last year was larger than ever before, and has resulted in great overcrowding in the institution. As all the other institutions in the Commonwealth are also overcrowded, and

can only be temporarily relieved by the Westborough Asylum which is now building, as there are more than enough patients in excess of their capacity to fill it at once, the consideration of a remedy is imperatively suggested.

Dr. Goldsmith thinks that a partial remedy for this condition might be found in adopting the system of boarding out carefully selected patients in private families. This is done in Scotland where there are no less than sixteen hundred insane so cared for. He admits that the conditions in this country are less favorable for such a plan than they are in Scotland, yet he thinks that they are not so unfavorable as to make the attempt undesirable, believing that with a judicious selection of cases and systematic supervision by an expert, such a plan might be made quite successful, in the course of a few years, particularly in caring for women of advanced years, whom physical infirmity is likely to keep near their home. His second suggestion is that a certain class of the insane, viz., harmless, demented and imbecile cases, be cared for by large towns in buildings of their own, as is now done to some extent. This plan, however, he does not advocate strongly, as he says, "experience shows that the average standard of care in such places is shamefully low, unless they are under expert supervision."

The third, and to our mind the most feasible suggestion, is the erection of new buildings for the care of the chronic cases connected with the organization of the present hospitals, but not near enough for these patients to habitually encounter the acute and curable cases in the daily routine of exercise and occupation.

The advantages of such an arrangement over a new, separately organized chronic asylum, would be a gradual provision for a gradual increase, less expense for construc-

tion, equipment and transportation, and the patients would be nearer and more accessible to their friends than they would be in a distant and distinct chronic asylum.

Dr. Goldsmith says that the admissions for several years past show that the Danvers hospital is quite exceptional, for an American institution, in the admission of an exceedingly large number of cases broken down and enfeebled by organic brain disease. Of the 530 cases admitted during the year, 339 on their admission presented no prospect of recovery. This, he says, is due to the fact that it receives patients from one of the most thickly-settled manufacturing districts in the world, where the influences tending to produce such breakdown are especially prevalent, in this respect resembling the crowded manufacturing regions of Great Britain and the Continent, where the same character of patients is found. Under such circumstances one must expect to find the recoveries small and the death-rate high.

The number of unlocked wards has been decreased from five to three, owing to the crowded condition, but this he does not deem a matter of importance, as all the patients likely to be benefited by such treatment can be accommodated in the three wards.

No attempt was made to keep the amount of seclusion small, as Dr. Goldsmith believes in its advantages. We find that seventy-two men and thirty-nine women were secluded a total of 797 days. There was an aggregate of 47 days and 9 nights of mechanical restraint, which was used mostly for surgical reasons. Thirty-two patients escaped during the year, and one man committed suicide by breaking through a window, escaping his pursuers in the darkness, and throwing himself before a passing railway train. This was made the subject of a special inquiry by the Board, by the

Medical Inspector of the district, and by the Inspector of Charities.

Dr. Henry R. Stedman, the first assistant and Acting Superintendent during Dr. Goldsmith's absence, resigned at the close of the year, to open a private Asylum, and Dr. W. A. Gorton was promoted to the position thus vacated. Owing to the large amount of medical work the Board of Trustees has wisely decided to increase the staff by the appointment of another assistant physician.

Twenty-Ninth Annual Report of the State Lunatic Hospital at Northampton, Mass., 1884. Dr. PLINY EARLE.

There were in this Hospital at the beginning of the year, October 1, 1883, 469 patients. There were admitted during the year, 136. Whole number of cases under treatment, 605. The number discharged during the year was 142, of which 25 were recovered, 17 much improved, 35 improved, 36 unimproved, 25 died, and 4 were not insane. At the close of the year there remained in the institution 463 persons, *i. e.*, 229 men and 234 women.

There were only 25 deaths during the year, and of this number three were due to suicide. Dr. Earle takes occasion in this connection to comment upon the frequently epidemic character of suicide, and says that in reviewing the history of suicides from the opening of the institution, he found that there had been 21 cases, mostly arranged in groups. As an illustration, from January, 1872, to January, 1880, there was not a single case, and for the three years preceding the last, there was complete exemption, which, however, was succeeded during the last year by the experience just mentioned.

By an act of the legislature of 1874, the institutions for the insane in the State of Massachusetts, were

required to place locked letter-boxes in the wards, in which patients might deposit letters addressed to the Superintendent or to the Board of State Charities, and the boxes were to be opened and the letters distributed monthly by the State Board. In obedience to this law, twenty letter boxes were put in the various wards, accessible to every patient, and during the entire decade not a single letter has been deposited in any of the boxes which has given cause for any member of the State Board to say anything to the Superintendent in regard to the propriety and justice of the detention of any person. This is a significant fact, and an important comment upon the allegations so often made of unjust detention of the insane in our State asylums.

Dr. Earle is a firm believer in the utility of entertainment for the insane, and much was done towards this end during the past year in the way of concerts, lectures, readings, etc. Not the least interesting was a series of ten lectures entitled "Reminiscences of a Soldier in the Late War," which were delivered by one of the patients. Another patient also lectured on "Missionary Work in India."

Fourth Biennial Report of the Kansas State Insane Asylum at Topeka, for the Biennial Period ending June 30, 1884. Dr. A. P. TENNEY.

At the beginning of the last biennial period June 30, 1882, there were in this Asylum 145 patients. During the following two years 346 were admitted, and one was returned who had been discharged on trial during the first year, making a total of 492 under treatment. There were 224 patients discharged during the period as follows: Recovered, 130; improved, 30; unimproved, 21; died, 31; on visit, 6; eloped, 5; not insane, 1. There were remaining at the close of the

period for which this report is made, 174 men and 94 women, a total of 268.

This ayslum was opened June 1, 1879, and during the first half of the last biennial period was under the care of Dr. B. D. Eastman, to whose careful organization and good management, Dr. Tenney says he was indebted for its favorable condition when he assumed charge July 1, 1883.

The census of 1880 showed that the population of Kansas was just under 1,000,000, and the number of insane was counted as 1,000. At this time the population is at least 200,000 more, which, at the same ratio, would give the State 1,200 insane. This estimate is probably too small. With the accumulation of old cases and the development of new ones, Dr. Tenney thinks that the increase of the insane in the State may be counted as 100 each year. The question of provision becomes, therefore, a question of vital interest.

By occupying a detached building for the chronic cases, the Topeka Asylum can accommodate 500 patients, while the asylum at Osawatomie has room for 430, making a total of 930, leaving nearly 300 unprovided for. During the last biennial period 59 applications for admission were rejected for want of room, and several were sent away to make room for recent cases. Under such circumstances, Dr. Tenney's plea for the completion of the original plan of the Topeka Asylum, by which its capacity would be increased three hundred, appears to be a reasonable and just one. Thus far this institution has been without either chapel or amusement room, one of the wards being used for purposes of worship and entertainment. It is to be hoped that this condition may be remedied at an early date, as they are both of the utmost importance in a well-appointed institution for the insane.

Dr. Tenney closes his report by referring to the general prosperity of the asylum, and its freedom from calamity of all kinds, there having been no suicide or serious accident to patient or employé since its opening.

Fourth Biennial Report of the Kansas State Insane Asylum at Osawatomie, for the Biennial period ending June 30, 1884.

Dr. A. H. KNAPP.

At the commencement of the last biennial period the number of patients in this Asylum was 403, *i. e.*, 218 men and 185 women. There were 257 cases admitted and two were returned who had eloped during the first year, making a total of 662 under treatment. There were 209 patients discharged during the period as follows: recovered, 121; improved, 18; unimproved, 3; not insane, 3; eloped, 1; died, 63. In addition to this number 29 were permitted to go home on trial, thus leaving 218 men and 206 women, a total of 424, in the Asylum June 30, 1884.

By reference to the report of the Topeka Asylum it will be seen that 14 patients were sent home from that institution on trial during the biennial period, while from this one 29 were sent home in the same way, there being a law in Kansas permitting this to be done. When a patient is allowed to go home on leave of absence the guardian is first required to obtain an order from the Probate Judge, authorizing the Superintendent to deliver the patient in his charge on condition that he may be returned to the asylum within a specified time if found necessary. This is a practice which might well be introduced in our older States, and one which is particularly useful where the admission of patients is hampered by a jury trial and complicated legal proceedings as in Kansas.

Dr. Knapp refers to the number of applications in

excess of the asylum capacity, and calls attention to some desired improvements.

He closes his report by reference to a homicide which occurred in April last. A chronic imbecile, who had been in the habit of assisting in the dining-room, broke open the cupboard in which the knives were kept, seized a carving-knife and plunged it into the breast of a fellow patient, killing him instantly. He had never before shown any vicious propensities, and had had no previous quarrel with his victim nor any one else. A coroner's inquest was had and a verdict rendered in accordance with the above facts. Such accidents, in spite of the utmost vigilance, will sometimes occur.

Report of the State Lunatic Asylum at Austin, Texas, for the fiscal year ending October 31, 1884. DR. A. N. DENTON.

On October 31, 1883, there were remaining in this Asylum 450 patients. There were admitted during the year, 257. Whole number under treatment, 707. There were discharged 152, of which number 66 were recovered, 9 were improved, 13 were much improved, 8 were unimproved, 3 were not insane, 4 went home on furlough, 8 eloped, and 41 died. There were remaining October 31, 1884, 555, *i. e.*, 300 men and 255 women.

Dr. Denton says that during the last year the liberty of the patients has been greatly enlarged, airing-courts have been abandoned, for which long walks have been substituted, and parole has been frequently granted. He calls attention to the need of a separate hospital for the sick who require special care, says that increased accommodation is necessary to separate the blacks from the whites, and advises the establishment of a separate hospital for epileptics.

Among the deaths there were two due to suicide. In one case the suicidal tendency was not suspected, but

in the other several attempts had been previously made, and the patient was therefore under close observation, but despite the care taken she succeeded in tearing a strip of the binding from her mattress, when unobserved, and with it succeeded in producing strangulation and death.

Twenty-Ninth Annual Report of the Government Hospital for the Insane, Washington, D. C., for the fiscal year ending June 30, 1884. Dr. W. W. GODDING.

There were in this Hospital June 30, 1883, 755 men and 239 women, a total of 994. There were admitted during the year 286 men and 61 women; total 347. Whole number under treatment, 1,341. There were discharged during the year, 195, of which number 79 were recovered, 43 were improved, 4 were unimproved, 2 were not insane, and 67 died. There were remaining June 30, 1884, 884 men and 262 women, a total of 1,146. Of this number 94 men and 71 women were colored.

The number admitted was larger during the year under consideration than it had been for any year since the close of the war, but this is accounted for by the completion of the Home Building for Disabled Volunteer Soldiers, which resulted in the transfer from the Volunteer Soldiers' Home of all the insane persons who had been sent there during the construction of the former building. A new wing of the main hospital was completed during the year, and affords accommodation for about seventy of the most refractory female patients. This increased accommodation has enabled Dr. Godding to establish a separate dormitory for female epileptics, which is under the constant supervision of night nurses.

In regard to the problem of productive labor, Dr. Godding thinks the best results are obtained by employing patients, in the charge of attendants, about

the garden and grounds, although quite a number are found who are willing to work in the different shops.

The mild climate and the ample groves about the asylum render outdoor exercise an important feature, and do much towards improving the condition of its inmates.

The medical staff has been increased by the appointment of another assistant physician and a special pathologist.

Sixth Biennial Report of the Illinois Southern Hospital for the Insane, at Anna, for the Biennial Period ending September 30, 1884. DR. HORACE WARDNER.

There were in this Hospital, at the beginning of the biennial period, 500 patients. There were admitted during the following two years, 375. There were discharged during this period, 280, of which number 123 were recovered, 32 much improved, 20 improved, 48 unimproved, and 57 died. There remained in the Asylum, September 30, 1884, 595 patients.

Dr. Wardner says that during the last two years the use of alcoholic liquors was greatly lessened and that there was also a decrease in the death rate. While he does not claim that these two facts stand in the relation of cause and effect, their connection leaves room for no other inference. That the use of liquors is beneficial in certain cases, Dr. Wardner does not deny, and it is evident from his report that the withdrawal of stimulants has been followed by a more generous and nutritious diet. Dr. Rayner, in his Presidential address before the British Medico-Psychological Association, published in this number of the JOURNAL, discusses this interesting question, (page 332). We would refer our readers to this portion of his address as being especially worthy of their attention.

Dr. Wardner believes fully in the beneficial efforts of occupation for the insane, and devotes some space to the discussion of the subject.

Eighty-Seventh Annual Report of the Maryland Hospital for the Insane, for the year ending October 31, 1884. Dr. RICHARD GUNDRY.

At the beginning of the year there were in this Hospital, 399 patients, of whom 216 were men and 183 women. During the year there were 95 patients admitted. Whole number under treatment, 494. There were 79 patients discharged during the year, of which number 29 were recovered, 13 improved, 7 unimproved, and 30 died. There were remaining at the close of the year, 415 patients.

Dr. Gundry says that a large proportion of the admissions during the past year belonged to the incurable class, such as idiots, imbeciles, epileptics, demented and paretics. He deplors the fact that in Maryland there is no school or asylum for the care of idiots and imbeciles, and rightly suggests that these latter should not be consigned to the companionship of insane persons whom they annoy, and from whom they derive no benefit.

The hospital is quite crowded, and many applications for admission have been refused. This condition, however, will soon be remedied by the opening of the new department for the insane at Bayview Asylum.

Attention is called to the improvements which have already been made and to those which are still necessary.

Dr. Gundry congratulates himself on the uneventfulness of the past year.

Thirty-Sixth Annual Report of the Indiana Hospital for the Insane, at Indianapolis, for the year ending October 31, 1884.
Dr. WILLIAM B. FLETCHER.

There were in this Hospital, at the beginning of the year, 1,096 patients. The number admitted during the year was 908. Whole number under treatment, 2,004. There were discharged during the year 616, and of this number 329 were recovered, 86 improved, 87 unimproved, 2 not insane, and 112 died. The number remaining at the the close of the year was 1,388; *i. e.* 638 men and 750 women.

In reviewing the thirty-fifth annual report of this hospital, we called attention to some errors in the statistical tables showing the ratio of recoveries, and expressed the hope that they would be avoided in the future, as they could only mislead the cursory reader and destroy the confidence of the more careful and exacting student. In the present report we find neither the errors nor the tables, and Dr. Fletcher, in explanation of this new departure, says: "I append the statistical tables that I consider of importance to give information to the people, and leave out a large number that usually appear in reports of similar institutions, because they are of no value to the general public and to the profession, and but further proofs of the fallacy of statistics." Statistical tables, unless prepared with the greatest care, are certainly worse than useless, and none at all are to be preferred to those which are untrustworthy.

In the thirty-fifth annual report Dr. Fletcher said: "The use of medicinal agents has been much reduced. Stimulants and tonics are mostly required, because most patients brought to this hospital are in a condition of debility. The stimulant formerly used was whisky. About three gallons per day were consumed. At this

time one pint is quite sufficient; an extra malt beer having been substituted, with marked benefit to the classes of patients who lack appetite. Particularly has an improvement been observed among the female patients by this change." In the present report, we find that Dr. Fletcher's views on this subject have undergone a decided change, as he remarks: "Many years of practical observation among the sick, have convinced me that in diseases of the brain, alcoholic stimulants were injurious rather than beneficial. Within the year their use has been gradually lessened, until since June last, no spirits, wine or malt liquors have been purchased or prescribed, save the alcohol or wines used in preparing medicines according to the United States Pharmacopœia." No attempt is made to explain why the malt beer which was used with such "marked benefit" in 1883, was injurious to the same class of patients in 1884.

In March last a case of confluent small-pox developed in the hospital, and in a few days thereafter a second. Prompt measures for complete isolation and general vaccination were adopted, and fortunately any further outbreak was prevented.

A case of recovery from epilepsy and homicidal mania, after trephining and the removal of a piece of depressed bone, is mentioned. A report of this case certainly deserves a wider circulation and a more permanent place in medical literature than can be obtained for it in an asylum report.

During the year there have been several changes in the staff, and among others, the appointment of a female physician.

Thirty-Fourth Annual Report of the State Lunatic Hospital at Harrisburg, Pa., for the year ending September 30, 1884. Dr. J. Z. GERHARD.

There were in this Hospital, at the beginning of the year, 398 patients. There were admitted during the year, 128. Whole number under treatment, 526. There were discharged during the year, 101. And of this number, 23 were recovered, 22 improved, 20 unimproved, and 36 died. There were remaining at the close of the year, 425, that is 207 men and 218 women.

Dr. Gerhard says that of the 71 male patients admitted, 56 were incurable at the time of admission, seven were doubtful, and only fifteen were favorable cases for treatment. A large number of private cases were refused admission owing to the crowded condition of the Hospital. Many of this class, in fact the majority, pay less for their care and treatment than the actual cost of their support. An act of the legislature of 1883, limits the cost of the care and treatment of the indigent insane to \$4.00 per week, and as 147 out of the 184 private patients pay \$3.50 per week or less, Dr. Gerhard asks for an annual appropriation sufficient to pay all salaries, and for repairs and improvements, in order to prevent the necessity of the removal of the above mentioned number.

The female department of this institution is under the charge of Dr. Jane K. Garver, who makes a brief report. She says that much of the care of the sick in her department depends upon those who have been busy all day, and very justly asks for the employment of an additional night nurse. She also asks for better means of amusement for her patients, and closes her report with a spirited protest against the amount of clerical duty which she has been obliged to perform to the neglect of scientific work and necessary recreation.

Biennial Report of the Alabama Insane Hospital at Tuskaloosa, for the Biennial Period ending September 30, 1884. Dr. P. BRYCE.

On the 30th of September, 1882, the date of the last biennial report, there remained in this Hospital, 417 patients. During the following two years there were 455 admitted, and 242 discharged. Of the latter number, 127 were recovered, 26 improved, 15 unimproved, and 74 died. There remained in the Hospital, September 30, 1884, 630 patients, of whom 309 were men and 321 women.

This increase of 213 patients under treatment, at the close of the biennial period, is accounted for by the completion of two new sections, for which an appropriation of \$100,000 was made by the legislature in 1881. The part for men was opened on the 1st of July, 1883, and that for women on the 1st of April, 1884.

Since the opening of the new sections, Dr. Bryce says that all cases for whom application has been made, have been admitted, with the exception of idiots, of which, according to the census of 1880, there were 2,223 in the State of Alabama. This certainly must be a misprint.

There were at that time 1,521 insane in the State, and, as Dr. Bryce thinks that fully one-half can be cared for at home, the asylum accommodations for the white insane are sufficient to meet all demands for some years to come. With the colored insane, however, it is quite different, and Dr. Bryce suggests the addition of another story to each of the two buildings, in the rear of the main building, which are now used for this class. If this be done there will be ample accommodation in Alabama for the colored insane as well as for the white.

Twenty-Ninth Annual Report of the North Carolina Insane Asylum at Raleigh, for the year ending November 30, 1884.
Dr. EUGENE GRISSOM.

There were in this Asylum, at the date of the last annual report, 199 patients. The admissions during the year were 106, that is 53 of each sex. The whole number under treatment during the year was 305. There were discharged during the year, 62. Of this number 26 were recovered, 16 improved, 9 unimproved, and 11 died. There were remaining in the institution at the close of the year, 243, *i. e.* 124 men and 119 women.

The percentage of recoveries upon the admissions during the year was 2.4, and as the average duration of the disease previous to admission was about three years—many of them from ten to twenty—this showing is a remarkably good one.

Dr. Grissom says that the wards of this asylum, even from its very opening in 1856, have been largely occupied by the chronic and incurable class, and that a steady increase in that direction has marked each year of its history.

According to the census of 1880, there was in North Carolina at that time a population of 1,398,417, of which 867,242 were white, and 531,277 colored. The total number of insane reported in the State at that time was 2,028, of these 1,591 were white, and 437 colored. In this connection it is interesting to note that the ratio of the white insane to the whole white population of the State is 1 to 545, while that of the colored insane to the colored population is only 1 to 1,215. This fact but helps to prove, as a distinguished writer observes, "that insanity is a part of the price we pay for civilization." The asylums for the white insane at Morganton and Raleigh can accommodate

only about 450, while that for the colored insane at Goldsboro has room for only about 200. It is thus seen, leaving out entirely the increase for the last four years, that there are more than 1,300 insane in the State to be provided for at home, in the jails or in the poor-houses. The effort to send away incurable and harmless cases is constantly fraught with difficulties, and enough can not be thus disposed of to make room for the recent and curable ones. Dr. Grissom asks, therefore, that increased accommodations be provided for this stricken and helpless class, either by the addition of new wings or by the erection of detached buildings. Long ago Horace Mann declared that the insane were the wards of the State and "on what principle," Dr. Grissom asks, "can the line be drawn which surrounds one man with the comforts and appliances of modern science to contribute to his recovery, and consigns another to the poor-house or the jail?" "This shocking inequality," he adds, "cries aloud, and its voice will necessarily come up in louder tones year after year from bereaved households and agonized victims."

Report of the Western North Carolina Asylum, at Morganton.
Dr. P. L. MURPHY.

This Asylum received its first patient March 29, 1883. The statistics will, therefore, embrace the period from that date to the 30th of November, 1884.

From its opening, 252 patients have been admitted, and of this number, 98 were transferred from the asylum at Raleigh. There have been 70 discharges, of which 40 were recovered, 4 improved, 4 unimproved, and 22 died. There were remaining November 30, 1884, 85 men and 97 women, making a total of 182.

Only one wing of this asylum has been completed and both sexes necessarily occupy it. Many cases have been refused admission owing to the lack of room, wherefore, Dr. Murphy urges the immediate completion of the northern wing. His views in regard to the insane in the State are similar to those of Dr. Grissom, of the Raleigh asylum, to which reference has been made above.

He speaks of the necessity of early treatment and of the wisdom of providing for the curable insane in preference to all others. He advocates this generous policy not only from the standpoint of humanitarianism, but also for reasons which, we are disposed to believe, usually appeal with more eloquent persuasiveness to some of our legislatures, namely, those of greater economy to the State.

EDITORIAL NOTES AND COMMENTS.

ERIE COUNTY ALMSHOUSE.—Owing to repeated requests on the part of the State Board of Charities and a demand by public sentiment for a change in the management of the insane department of the Erie County Almshouse, the system of management was changed from that of keeper to medical superintendent. Dr. Charles A. Ring was appointed such superintendent. Of the desirability of a change and the merits of the present system there is no necessity for favorable comment. It was advocated at the time by the press, public officials and private individuals, and immediately afterwards hearty approval was generally expressed.

ATTACK ON AN ENGLISH ASYLUM SUPERINTENDENT.—We regret to learn that on the 25th of November last, Dr. Murray Lindsay, Superintendent of the Derbyshire County Lunatic Asylum at Mickleover, was severely wounded by a patient with a chisel. The assault occurred in the carpenter's shop, and consisted in the infliction of three incised wounds, one being in the left groin, another in the abdomen, and the third in the chest near the heart. The would-be assassin expressed regret that his murderous design had not been carried into full effect. He had been employed for years in the workshop and was regarded as a harmless man.

We rejoice to hear, at latest accounts, that Dr. Lindsay's wounds have healed kindly, and that his convalescence is progressing satisfactorily. We congratulate him on his hair-breadth escape from death, and assure him of our warmest sympathy.

PARIS LUNATIC ASYLUMS.—At the beginning of the year, according to the last annual report of the Prefect of the Paris Police, there were in the lunatic asylums of the French capital, 8,907 patients, while at its close there were 9,500. This increase of insanity is not so much attributable to the actual increase of insanity as to the anxiety of the relatives to avail themselves of the better accommodation now provided in the French asylums. There are four special asylums in Paris, and the estimated expenditure for last year was over a million dollars, part of which is borne by the municipality, and part by the parishes to which the patients belong, while the expense of caring for all the insane soldiers, sailors and prisoners is borne by the government.

CHANGES IN THE WEST RIDING ASYLUM.—Our readers will regret to hear that Dr. Herbert C. Major has resigned the superintendency of the asylum with which his name has been for many years so honorably associated. We regret it the more as we understand that ill-health has rendered this step necessary. No asylum physician has done more to advance psychiatric medicine in Great Britain than Dr. Major, and he may well afford to rest upon his well-earned laurels, and enjoy all the pleasures which flow from a retrospect of labor conscientiously performed in an arduous position.

We congratulate Dr. Bevan Lewis on his accession to the superintendency, as well the managers of the asylum on securing the services of so able a successor.

BRITISH MEDICO-PSYCHOLOGICAL ASSOCIATION—SCOTTISH MEETING.—This meeting was held at Perth, on 21st November, 1884, Dr. Urquhart in the Chair. A

case of Addison's disease complicated with insanity formed the subject of an interesting paper by Dr. Rutherford Macphail. Dr. Clouston exhibited interesting pathological specimens illustrative of a case of hemiplegia and epilepsy. The patient died of Phthisis Pulmonalis. The affected hemisphere weighed 10 oz. less than the other, and on the atrophied side the bone was very much thickened. Over the orbital plates was a very pronounced bulging, the result of sinus formation and the sphenoids were immensely thickened. The time of the meeting was largely occupied in revising the proof sheets of the Attendant's Hand-Book, which has recently been prepared by a sub-committee of the Association. The general principles of the hand-book were adopted, minor alterations effected, and a subsequent meeting for final revision agreed upon. Dr. Turnbull of the Fife Asylum, delivered a course of lectures to his attendants last winter, gave practical instruction in bandaging, dressing of wounds, and other important duties of attendants. He reports gratifying results, and along with Dr. Campbell Clark, of the Bothwell Asylum, continues to persevere. Dr. Clouston hopes to introduce a system of clinical instruction for attendants at the Royal Edinburgh Asylum this winter. We hope to see these good examples multiplied.

—We have received the first number of the *Annals of Surgery*, a monthly review of surgical science and practice. It is an international enterprise, being under the joint editorship of Dr. L. S. Pilcher, of Brooklyn, and Mr. C. B. Keetley, of London. These two names are in themselves a sufficient guarantee of success.

Each number will contain from 80 to 100 large octavo pages of reading matter, printed upon the

finest paper, with large clear type, wide margins and with every requisite to make it typographically perfect. The original memoirs will be the mature contributions of the ablest minds in England and America, and the editorial articles will embrace elaborate discussions and comprehensive digests of the current topics of the day.

We welcome the issue of the *Annals*, not only as supplying a want in medical literature, but also as one more bond of union between this and the mother country.

—In his Presidential Address, delivered at the opening of the *National Conference of Charities and Correction*, held at St. Louis last October, Hon. Wm. P. Letchworth, spoke on the subject of "Relief and Reform." He made special allusion to the great improvement that had taken place in the condition of the insane. Of this there can be no reasonable doubt. But Mr. Letchworth's hearers must have been very old men if it was within the memory of most of them that the insane were treated "with the same severity as criminals." We think, too, that the president sacrificed practical sagacity to rhetorical effect when he predicted that we were entering upon an era of broader beneficence, when the doors of an insane asylum should open "outward as freely as inward." We heartily approve efforts to give the widest liberty to the insane, when this may be done with safety to the community and the patients themselves; but surely the type of insanity must greatly change before such Utopian conditions of care and treatment can prevail.

Mr. Letchworth has recently visited a large number of European hospitals for the insane, and reaches the conclusion that there are many features in trans-atlantic systems superior to ours, and that, at the same time,

the way is open for European alienists to learn something from us. Gratifying as this latter expression of opinion is, we should have been better pleased if Mr. Letchworth had specified in what respects these international benefits might accrue.

Mr. Letchworth raises his voice against a growing evil in our country, namely, "hereditary pauperism." He states that by tracing the descent of a single hereditary pauper through degenerated families, the amount expended by the public in supporting a single line has aggregated as high as fifty thousand dollars. The unpromising tide flows in from our seaports and from our Canadian frontier. We agree with the president that this flow should be resisted by further congressional action. We, in lunatic asylums, experience not unfrequently the evils not alone of pauperism from abroad, but pauperism with the additional element of insanity grafted upon it. The State Board of Charities, in commenting upon this multiplication of pauper shipments from the old world and Canada, has said that "no country would allow us to cast upon it our distressed and helpless population without immediate resistance and diplomatic, if not stronger, protests, and our right to reject and protest against shipments of this class to us should be asserted, maintained and enforced as a vital measure of protection by State as well as congressional authority."

We are glad that Mr. Letchworth found occasion to refer to this pressing question in his address, and trust that his timely note of warning will be heard and heeded in the right quarter.

—The *Boston Medical and Surgical Journal*, of November 22, 1884, in an editorial, quotes extensively from Dr. Clevenger's paper on the Political Abuse of

the Insane, and adds: "We have quoted these remarks at length because we believe the author to be entirely misinformed with regard to the 'average American asylum.' We wish also to protest against such misrepresentation. With such statements upon record we can not wonder that there has been so much unfair criticism of our institutions in Europe, and that most English alienists come over here seem to be agreeably surprised at the superiority of our asylums, in many respects excelling their own."

—The *Seventeenth Annual Report of the State Board of Charities* shows that on October 1st, 1883, there were in the various receptacles for the insane in the State of New York, 11,343 insane persons, as against 10,705 on October 1st, 1882, being an increase of 638.

The four State hospitals for the acute insane have capacity for 1,690 patients, and had under treatment during the year an average of 1,424 as against 1,302 the previous year. The number of admissions to these State hospitals during the year was 1,116, and the total number under treatment, 2,427. The discharges were: Recovered, 309; improved, 175; unimproved, 269; not insane, 24; died, 149. The percentage of recoveries on the admissions was 27.7; on the whole number under treatment, 12.75. The deaths were 6.12 per cent of the entire number under care. The total receipts of the State hospitals for the acute insane for the fiscal year ending September 30, 1883, were \$527,804.82. Of this sum \$104,588.80 was from the State, \$236,037.88 from counties, cities and towns, and \$130,559.06 from private patients. The expenditures amounted to \$463,460.15 of which amount \$39,300 was for salaries of medical and other officers, \$109,354.88 for wages and labor, \$144,217.30 for provisions and supplies, \$43,979.66 for

fuel and lights, \$14,568.11 for ordinary repairs, and \$23,844.11 for buildings and improvements. The total cash assets of these institutions, October 1, 1883, as reported, was \$108,923.20, and their outstanding indebtedness amounted to \$11,359.72.

The two State asylums for the chronic insane, at Willard and Binghamton, had 2,183 patients under care on October 1, 1883, as against 2,049, October 1, 1882. Of this number, Willard had 1,758, and Binghamton 425. There were in addition 1,869 chronic insane in the various county asylums and county poor-houses of the State, as against 1,952, October 1, 1882.

The total receipts of the State asylums for the chronic insane were, \$400,570.14, and the expenditures \$362,137.60. Of the 11,343 insane in the State, 4,761 were in New York City asylum and Kings county asylum, at a cost to the counties respectively, of \$384,891 and \$154,500. The Board calls attention to the anomaly that the State has found it necessary to have six asylums, six Boards of Managers, and a yearly expenditure of \$777,144 of public funds to care properly for one portion of its insane, numbering 3,684 patients, while another portion, numbering 4,761 are regarded merely as a circumstance in the system of public charities and connection of two great cities with only such supervision as can be given them in conjunction with the paupers and criminals of those cities.

The Board, therefore, recommends that the care of the insane in New York and Kings counties be placed in each county under a separate department, entirely independent of the respective departments of Public Charities and Correction.

THE NEW WESTBOROUGH INSANE HOSPITAL.—At the last session of the legislature of Massachusetts the Reform School at Westborough was ordered to be discontinued. The land, comprising upwards of 200 acres, and the buildings, were placed in charge of a Board of Trustees, of which Col. C. R. Codman is chairman. The institution is thereby organized for the homœopathic treatment of the insane, under the name of the Westborough Insane Hospital. In order to make the necessary alterations the sum of \$150,000 was appropriated. The governor and council have approved the plans for the proposed modifications of the buildings, the details of which are now being prepared by Mr. Clough, a well known architect of Boston. The trustees have appointed Dr. N. Emmons Paine, of Albany, supervisor of building, to become superintendent of the hospital when the changes have been completed and patients admitted. Dr. Paine is well qualified for this responsible position by his experience at the Middletown Insane Asylum, where, for several years, he held the office of assistant physician. He will leave Albany to take charge of the work about the 1st of April, 1885. The present buildings are large and imposing, having a frontage of over 400 feet, with additional wings of large dimensions. When the proposed changes are completed accommodations will be afforded for 325 patients. The buildings are constructed of brick and are situated on an eminence that slopes down across a wide lawn to a beautiful lake. The location is unusually attractive and healthful. The village of Westborough contains over 6,000 inhabitants. It is situated on the Boston and Albany railroad, twelve miles east of Worcester and thirty-eight miles from Boston, being easily accessible from all parts of Massachusetts and adjacent States. Dr. Paine is at present preparing himself for his new work by making a tour of hospitals for the insane.

—The first annual meeting of the *New York State Medical Association* was held in New York City, November 18–20, 1884, under the presidency of Dr. H. D. Didama, of Syracuse. Dr. John P. Gray, of Utica, was elected president for the ensuing year. The second annual meeting will be held in New York City, November 17–19, 1885.

The Association has five branches, whose object shall be the same as those of the parent Association, and each of which shall hold its annual branch meeting.

The Vice-Presidents of the Association are William H. Robb, M. D., Montgomery County; John G. Orton, M. D., Broome County; Joseph C. Greene, M. D., Erie County; Joseph C. Hutchinson, M. D., Kings County. Recording Secretary: Caleb Green, M. D., Homer, Cortland County; Corresponding and Statistical Secretary: E. D. Ferguson, M. D., Troy, Rensselaer County; Treasurer: John H. Hinton, M. D., 41 West 32nd Street, New York City.

OBITUARY.

DR. JOSEPH ALLISON REED.—Dr. Joseph Allison Reed, Superintendent of the Western Pennsylvania Hospital for the Insane, at Dixmont, died on the morning of the 6th of December, 1884.

For more than five years Dr. Reed had been in poor physical health, suffering from a complication of diseases brought on by long years of anxiety and overwork, and for a year before his death he had been unable to leave his room.

Dr. Reed was born in Washington, Penn., December 31, 1823, and was, therefore, in his sixty-first year at the time of his death. He was educated at Washington College, where he was graduated Master in Arts in 1842. He studied medicine in the Jefferson Medical College, and received the degree of Doctor of Medicine in 1847. After his graduation he settled in Allegheny and soon built up a large practice, being especially successful in the treatment of mental disorders. So marked was his success in this direction that in 1857 he was solicited to take charge of the Western Pennsylvania Hospital, which at that time was in especial need of a competent executive head. Dr. Reed accepted the position, and in a year the institution was on a sound financial basis. After remaining seven years as physician in charge, he was made superintendent of the insane department, which position he held until his death. Under his management it became one of the foremost institutions for the insane in the country.

On several occasions Dr. Reed had attempted to resign on account of ill-health, but the directors refused to accept his resignation, and, at a meeting of

the Executive Board of the Hospital, held only a week before his death, he was given a six-months' leave of absence, in the hope that complete rest and freedom from anxiety might result in such an improvement in his physical condition as to enable him to resume his duties. On the morning of his death he was thought to be better, and members of his family went to Pittsburgh as usual, and had no intimation of the change until they received a telephone message announcing his death.

Until incapacitated by sickness, Dr. Reed was an active worker and deeply interested in everything connected with his chosen work and the welfare of the patients under his charge.

Dr. H. A. Hutchinson, for several years the first assistant, has been appointed his successor.

DR. EDWARD J. B. DUMESNIL.—France has recently lost one of her oldest and ablest alienists by the death of Dr. Dumesnil, for many years one of the editors of the *Annales Médico-Psychologiques*.

Dr. Dumesnil was born at Constance, in December, 1812. He achieved distinction as a student, and in 1847 became Medical Superintendent of the St. Dizier Asylum. In 1852 he was transferred to Dijon, and in 1858 became Superintendent of the Quatres Mares Asylum, near Rouen.

Dr. Dumesnil was a man of wide culture and various aptitudes. He took a keen interest in all that pertained to the scientific and executive administration of asylums. The immediate cause of his death was embolism.

AMERICAN JOURNAL OF INSANITY, FOR APRIL, 1885.

PRIMAERE AND ORIGINAERE VERRUECKTHEIT.

AN HISTORICAL SKETCH WITH CRITICAL REMARKS.

BY THEODORE DEECKE.

The literal meaning of the German word, "Verrücktheit," from the verb "verrücken," p. p. "verrückt," to displace, is displacement. The verb in the German language is still used in the original sense. The noun "Verrücktheit," however, designates exclusively a displacement of mind, a mental disorder or disturbance, while the participial adjective, "verrückt," is employed in both senses, and its derived substantive form "der Verrückte" or "ein Verrückter," solely in the latter sense, meaning a madman, a lunatic. "Verrückt, Verrückter, Verrücktheit," are originally vulgar expressions, and can not be translated into the English language by insane, insanity. The corresponding German words for the latter are "irrsinnig, Irrsinn." The term "Verrücktheit" in the science of psychiatry was originally introduced in order to designate those chronic conditions of insanity which were characterized by the development of stationary so-called fixed ideas or delusions (Griesinger's *partielle Verrücktheit*), or by a general confusion of ideas (Griesinger's *allgemeine Verrücktheit*). Later on, and at present by the majority of German writers on psychiatric subjects, and by

Griesinger* himself, the term "*partielle Verrücktheit*" was abandoned, its claim to be regarded as a secondary form of insanity was disputed, and the condition recognized as a primary one under the name *primäre Verrücktheit*. In course of time, it was considered necessary to differentiate a second protogenetic form, namely, *originäre Verrücktheit*.

The term *primäre Verrücktheit* was first employed by Griesinger in the course of the address just referred to.† It covers the same ground as the mental condition described by Morel,‡ 1860, in the third section of "Livre IV, chapitre III, § IV: Du délire des idées et des actes qui est la conséquence de l'hypochondrie." under the head: "Transformations du délire des persécutions; systematisation des conceptions délirantes; transition à l'idée qu'ont ces malades d'être appelés à de grandes destinées." This was especially mentioned by Griesinger.

In Germany the subject was introduced and brought before the *Verein der deutschen Irrenärzte* at the meeting in Hildesheim, September 17, 1865, by Dr.

* Introductory address delivered at the opening of the psychiatric clinic in Berlin, May 2, 1867, published in Volume I, page 143 of the "*Archiv für Psychiatrie*," founded by Griesinger, Berlin, 1868.

† l. c. page 148: "Yet there exist highly interesting conditions in which the two prominent species of primordial deliria (Primordial-Delirien) are slowly developed side by side, and where by this slow course, which may cover series of years, the originally antagonistic delusions of grandeur and persecution unite in a consolidated train of thought, and thus constitute what might be called a system of delusions. Frequently a most peculiar texture of these delusions is manifested. The patients own large estates or have large properties left to them, out of which they have been cheated, or on account of which they are persecuted; they are the offspring of high personages, and instead of being so recognized, are despised by those who owe them deference, etc. This peculiar and very chronic mental disorder I no longer regard as of a secondary nature, (as I did in my book), but am convinced of its protogenetic origin, and now include all these conditions under the term "*primäre Verrücktheit*." * * * * *

‡ B. A. Morel: *Traité des maladies mentales*, Paris, Vict. Masson, 1860.

Snell of Hildesheim in a paper* entitled: On Monomania, a primary form of insanity. Dr. Snell argued as follows:

“I understand under the term *vesania* (*Wahnsinn*) or *monomania* that form of psychical disease which is characterized by the prominence of single series of delusions with hallucinations, which on the one hand are distinguished from *melancholia* by an over-weening self-esteem, and on the other from *mania* by the want of rapid ideation, and the evidences of general derangement. It affects in a lesser degree than the other forms of psychical disease the whole of the mental life, on account of which fact the term *monomania* (irrespective of the well known misapprehensions) seems to be not unsuitably selected for this disease. Regarding no other form of insanity, however, does there exist a greater diversity of opinion among alienists. Some of them, on account of the marked expansion of the self-feeling of the patients and the delusions of grandeur, considered it as a form of *mania*, others of *melancholia*, on account of the existing delusions of persecution. The opinion commonly prevailed, especially among German alienists, that the affection was of a secondary nature, and preceded by and developed from states of *melancholic* or *maniacal* excitement. For a long time I entertained the same view. In cases where I did not find this opinion supported by the history, I consoled myself with the idea, that nevertheless a probably unobserved state of *melancholia* or *mania* of very short duration had preceded the condition. Since, however, the matter remained still unsatisfactory, I followed with increased interest the course of all cases of *mania* and *melancholia* which came under my own immediate

* Published in “*Allgemeine Zeitschrift für Psychiatrie.*” Volume XXII, part IV, page 368–81. Berlin, 1865.

observation in order to reach by this way the pathogeny of the disease. Even there I was disappointed. I saw the forms of the diseases mentioned terminate in the various conditions of psychological debility, in states of general confusion of ideas, and agitated as well as apathetic dementia, yet not in the typical condition of monomania. The idea, therefore, naturally suggested itself that the same might probably be a primarily developed form and, indeed, I have convinced myself of its truth, and concluded to give it a place beside the other primary forms known as typical melancholia and mania." * * * * *

The author here recites the history of eight typical cases for illustration, and closes with the remark that it seems unnecessary to add to these, since every practical alienist has daily similar cases under observation. I abstain here from reproducing all the cases and select but two as examples.

CASE I. A military officer, sixty-four years of age, was, about thirty years ago, without any demonstrable cause, gradually taken with delusions of persecution combined with hallucinations. He asserted that foreign substances were mixed with his food for the purpose of making him change his mind and habits of life; that these efforts came from masonic lodges, which had conducted his education from early youth, for which reason these measures also represented an educational system; that there were acoustic apparatus placed everywhere which affected his hearing, and a prompter was constantly whispering into his ear. He retired from the world and at times suffered hunger for unknown periods. About two years after the appearance of the disease he expressed a desire to emigrate into Spain in order to escape his persecutors. For this reason, and since at times he made threats

and carried loaded pistols on his person, he was taken to the institution for the insane in Hildesheim. Present state after twenty-eight years: The patient entertains the following system of delusions: He is a gentleman of noble birth and much power, who is wrongfully detained in prison. There is outside a continuous war raging for the purpose of liberating him, a "mining war." His enemies are those imps who are constantly trying to murder him and his friends, to tap his blood in order to weaken his constitution. He combats them with lava streams and fusees. His "magic plate" informs him of the proceedings of the battle, in which he expects daily to be victorious. He draws everything in his surroundings into the circle of his delusions and states them openly in everybody's presence, yet only in a fragmentary form, since he believes that everybody knows all about these matters as well as he himself. His intellect is enfeebled, yet he has preserved a certain self-independence in his actions.

CASE V. An architect in the thirtieth year of his age developed mental disturbance with delusions of persecution and suspicions toward his neighbors who were persecuting him with poison and magnetic influences. He asserted that he could read these vile intentions in the faces of various persons: God had informed him about them. Condition of the patient five years later: The delusions of persecution persisted and assumed greater dimensions. There were continuously day and night whole magnetic batteries operating against his person. The freemasons and numerous other persons were trying to murder him and his friends. Hallucinations of all senses. Delusions of grandeur. The patient believes that he is the offspring of a Polish king and has rights to the Polish crown. Notwith

standing all this the patient is able to occupy his time well and industriously, and is at present engaged in studying the history of the arts.

The author continues: "On analyzing the symptoms of monomania there are remarkable, first of all, the delusions of persecution. I regard them indeed as the most important symptom since they are in no case entirely absent. They are distinguished from those of melancholia by the exalted egoism which stands in the background. In melancholia the patient yields to his delusions, he sees no help, no relief whatever. He complains, he moans over them but makes only passive attempts at defense. In monomania on the contrary, the patient stands up against them with energy, ready to combat them. He hates and contemns his enemies and entertains hopes of final victory. The delusions of grandeur in monomania are distinguished from those of mania by their systematized character, and from those of paresis by their consequential erection by that want of psychological debility which is always noticeable in the latter disease.

The hallucinations in monomania are in more general and intimate connection with the disease than in any of the other forms of insanity. Their existence can be proved in almost all cases. In those rare cases where they are seemingly absent, the delusions are observed to act so severely and with such compulsory force upon the self-consciousness that the illusions thus produced are analogous to the hallucinations and without doubt of similar pathological significance.

It is characteristic of monomania that there exists no consciousness of disease, as so frequently happens in mania and melancholia.

The development of monomania in the majority of cases is slow and gradual. In other cases the begin-

ning of the disease is signalized by vehement symptoms with great emotion and a general physical derangement, sleeplessness and loss of appetite and their consequences."

In order to illustrate this more acute commencement of the disease the author relates two cases within his personal experience outside the institution.

CASE I. A young lady twenty-four years of age, of somewhat defective physical development, feeble and irritable, yet mentally gifted, was taken sick suddenly, without any demonstrable cause (except a few trifling emotions) with hallucinations. She looked upon those surrounding her, especially her mother, with suspicion, asserting that she had noticed a hostile expression in their features. She refused nourishment. An unknown voice had promised her that an angel would come and supply her with food. She examined with suspicious precaution the taste of the dishes and beverages set before her. A few weeks later the emotion decreased. The patient returned to her common habits of life. The delusion persisted. She observed continuously with suspicion the features and movements of the persons attending her. Not long thereafter she spoke of a revelation to her, that the whole world would undergo a change. She herself would be provided with a new, much more beautiful body and would become a benefactor of the world. A few years later she died of tuberculosis.

CASE II. Another lady, forty years of age, who had always been in good health, was suddenly possessed by hallucinations of hearing. She believed she heard the voices of men in the neighborhood, which insulted and threatened her. In this case also after a few weeks the vehement emotion disappeared. Delusions of grandeur were, however, developed, partly of an erotic character,

partly of wealth to which she was entitled, but denied by her enemies.

In both cases the anguish and depression of melancholia were absent and likewise the rapid flight of ideas and general excitement of mania.

As regards the order of the delusions in monomania those of persecution commonly precede those of grandeur. Frequently both develop simultaneously. More rarely the disease commences with the delusions of grandeur, and there are cases where these latter are entirely absent.

The prognosis of monomania is unfavorable,—favorable only in so far as it never, or at least very rarely, passes into the deep and helpless state of mind which we so often notice as the termination of all the other forms of insanity. Entire recovery is very rare. Frequently, however, we see the delusions and hallucinations become fainter and so indistinct that the patient regains his composure and is enabled to resume, to some extent, his occupation.

If the disease takes an unfavorable course the delusions become more general. The patient draws everything into the circle of his morbid conceptions. He invents not infrequently a new terminology which is often the more unintelligible since all objectivity is so largely obscured that the patient believes all the occurrences of his inner life are known. This regardless subjectivity is often developed to such an extent that the patient thinks he has been living for ever, and will never die. He unites in his person everything that forms an insurmountable barrier for other men. He recognizes nothing above, nothing before, nothing behind himself.

I may be allowed to condense the subject into the following short sentences:

1. Monomania (or vesania, Wahnsinn) develops typically in the form of a primary mental disturbance.

2. The similar diseased conditions manifested in mania and melancholia are distinguished from those in monomania by the more general psychical disturbance in the former.

3. The development of monomania is two-fold. In the majority of cases it develops gradually, more rarely with the vehement symptoms of an acute affection.

4. The delusions of persecution connected with an exalted self-feeling constitute the fundamental character of this form of psychical disease.

5. The delusions of grandeur are commonly of a secondary nature, yet they may precede the delusions of persecution or develop simultaneously with them."

In the foregoing I have presented Dr. Snell's paper in full, with the exception of some cases reported for illustration. This seemed to me justified since the paper contains in clear outline the foundation upon which the theory of the *primäre Verrücktheit* of German authors has been constructed. The first to acknowledge the theory, as we have seen above, was Griesinger. Yet to his acknowledgment he makes the following characteristic and qualifying addition:

"Yet—let us dismiss for the present the so-called forms of insanity, and return to the component elements which we have just been considering—to the primordial deliria. In the infinitely varied loquacity of the insane, their secondary, tertiary and hundredfold associations to which they add an interminable array of other ideas, these elementary factors are susceptible of ready detection by the specialist. In the midst of incoherent talk and confusion of ideas the two main forms of mental disorder stand out in bold relief."

It should here be stated that Morel, although he describes the psychical condition referred to with great clinical accuracy, abstains from discussing the question

of its protogenetic or secondary nature. Contemporaneously with Griesinger, and in an article published in the same number of the *Archiv*,* attention is called to the same subject by Dr. Wilh. Sander, of Berlin, who, however, pleads more especially for the acknowledgment of a special form of *primäre Verrücktheit*, for which he proposes the term *originäre Verrücktheit*. He speaks of male individuals of a neuropathic constitution and hereditarily predisposed to mental disturbances. The symptoms often become manifest during childhood by peculiar traits of character and perversities in social intercourse. Intellectually these persons reach but mediocrity; they are quiet and tender children, often the pet of the mother; they are shy and reserved, and inclined to seclude themselves from others and gradually fall into singular fantastic, or corrupt, or absurd trains of thought, or reveries, which toward the end of puberty terminate either in illusions and delusions, and rapidly in a peculiar, though characteristic, state of mental imbecility, or which in adult years only are recognized by their surroundings in their true light and with all their inherent dangers. In the latter case the youths not uncommonly exhibit talent in some direction, but they are of irritable disposition, easily aggrieved, visionary and unstable; egotistic, self-conceited and pretentious, but without energy. They retain boyish habits, and are subject to hysterical paroxysms of temper, weeping, etc. They often adore some ideal female beauty, and believe in a reciprocal affection, although they may have never addressed the person, or made her personal acquaintance. They are inclined to day-dreaming and to while away the time. In more adult years they are hypochondriacs, entertain the idea that their genius was not

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recognized by the world nor their merits acknowledged. Further on there develop delusions that they are surrounded by enemies who endeavor to paralyze their actions, even to influence and control their thoughts; who attempt to deprive them of their rights, or to injure them bodily by the use of electrical, magnetic or some other still unknown force of nature, or by the administration of poisons, etc. But these delusions of persecution differ from those of melancholia in that the patients do not, like the latter, believe themselves persecuted with any appearance of right or provocation on their side, or for the reason that they are unworthy, profligate or depraved and outcast. They, on the contrary, do not concede their enemies any success in their efforts, and confidently anticipate final victory, when God shall slay and punish or destroy their adversaries, and they themselves be exalted and glorified. In advanced stages a total misconception of their relation to the outer world may ensue and become associated with hallucinations of every kind. The patients, however, even in these stages, can rarely be moved to confess their delusions, and it often requires a high state of exaltation to force them thereto.

Dr. Sander, in the cases presented in his article, relates, however, not a single one by which the above mode of procedure of the affection was clearly illustrated; that is, where the primary *Verrücktheit* of later years was successfully traced to the specified diversions, peculiarities and extravagances of youthful life as pointed out by him. In this connection, I think, it should be borne in mind: (1.) That during the years immediately preceding and following puberty a peculiar unsettled, often more or less hypochondriacal disposition of youth, particularly of the male sex,

which Dr. Sander has more especially in view, is of so common occurrence that it can not have numerically any bearing upon insanity of a later development. In the majority of cases the very types of this state of mind, during that period of life, develop to the most active, though at the same time, the most thoughtful and deliberate men, to men wide-awake; governed by a sound philosophy of life, the result of their own reflections; by a heart full of sympathy for their fellow-men, yet free from any morbid sentimentalism. As regards their qualitative nature I likewise fail to see the causative relation between that condition, if uncomplicated by actual disease and insanity, as much as between the latter and the often higher emotional state connected with many other incidents of life. I have carefully looked over the cases belonging to this category which are recorded in psychiatric literature, but have not discovered one in which there were not evidences of the co-existence of intellectual defects besides the traits, marked out by Dr. Sander, by the co-operation of which these latter had received a peculiar tincture that can scarcely escape observation. And, since these latter are mental phenomena, although at times associated with strained physiological conditions, yet in an otherwise perfectly normal and healthy organism, it is evident that the admixture and the influence of the former are in fact to be considered in the cases referred to as the true pathological factor.

In the second place individual nationality should not be lost sight of. Dr. Sander was a German, and in the prodromal stages of his species of *Verrücktheit*, he pictures the national character of the average German youth, which, according to the most prominent psychologists of that country, is of a Hamlet type. The education of the German youth, the physical, intel-

lectual and moral influences under which he grows up, in fact, his entire environment, differ widely from those which obtain in England, France and the United States. Let me briefly illustrate.

There is, for example, the strict separation of the sexes during the whole period of school education. Even later they meet in society only in a formal way and always under the eyes of their parents or guardians. All informal social intercourse or receptions by the young lady at her home are neither customary nor permissible. The young man when introduced into a family invariably pays his respects to the master and mistress of the house, or to the son, but not to the daughter, and if this is not strictly observed, the young man as well as the young lady expose themselves to comments on their relations to each other, which, in case there should not soon follow an open declaration, would greatly injure, more particularly, the young lady's character and social position*. Even in larger cities the unmarried shop girl or operative, who wishes to keep up her reputation would not go into society or visit a public place of amusement, etc., in male company, or even accompanied only by those of her own sex and age. She hires for such purpose with her own hard earned money some respectable looking couple, or old gentleman or lady, which is not done with the intent to deceive, but from the natural instinctive feeling that an inexperienced young woman should at all times have some kind of a guardian or protector at her side.

There is further the restraint to which youth is

* Wo du nicht zum Weib die Tochter
Wagen würdest zu begehren,
Halte dich zu gut, um gastlich
In dem Hause zu verkehren

subjected from the time he has reached the age for school education. From this moment he actually enters into public life, for school attendance is strictly compulsory, and he is gradually made conscious of duties incumbent upon him. This is followed by a period, during which he has either in his selected profession or in simple military duty to offer his person to the service of his country and the government of the State, before he is permitted to take personal advantage and interest in his own hands. To this may be added that German school instruction is less didactic or catechetical, but addresses itself rather to self-activity, and imposes upon the pupil, according to his age, employment in study, in learning and written exercises, intended to occupy a considerable portion of the time also of his home life; while the military duties distract him wholly from the latter and not infrequently dissolve the most tender bonds, and only too often destroy the favorite dreams and plans of his life.

In view of these facts it is not surprising that the German youth, during the most sensitive period of his life, should develop most frequently feelings of dissatisfaction and discontent with his fate and become possessed by misanthropic and hypochondriacal ideas, and suffer from their associations and consequences.

I shall refrain here, of course, from all reflection upon the merits or demerits of German custom, or of those of other countries; but the wide difference here referred to should be distinctly recognized. They certainly stamp characteristic traits upon the individual and the national spirit which are everywhere detectable. Perhaps no better illustration thereof can be given,—to cite an authority accessible to all—than by a comparison of the contents of the average novel of the different countries. In German novels, in conformity with the sepa-

rate education and formal intercourse of the sexes in youth,—which is however far from seclusion, and involves upon both, yet more especially upon the female sex, the grant of an entirely free development of character in home and social life,—romance plays an almost exclusive part before entering the marriage state; it is the seeking and the finding of the hearts which, according to an ancient Teutonic belief, are created to supplement each other.* In French fiction, in conformity with the scrupulously secluded education of the young woman on the one side and the entirely unrestricted allowance of even the most extravagant life given to the youth on the other, the romance commences after marriage, and it is prominently the heroine who attracts sympathy and interest. In English novels it is less the tender relation of the sexes to each other than the trouble and strife connected with some large estate of which the one or the other party has been fraudulently deprived; and in America the adventures of the self-made man, who is accepted and only expects to be accepted, after he has accumulated a fortune or secured a position of his own which he can lay at the feet of his beloved one.

Whether the different customs have any bearing upon the prevalence of certain forms of mental disturbance or not is still an open question, but it is highly probable that they have.

The *originäre Verrücktheit* of Dr. Sander would appear to be rather an outgrowth of civilization than an actual disease, and may be safely regarded as a doubtful species.

Next to Sander, Professor Westphal is generally rec-

* "Eins ist des Andern Kron,
Eins ist des Andern Ruh,
Eins ist des Andern Licht,
Wissen's aber beide nicht."

ognized as one of the earliest discoverers and clinical experts of the phenomena and course of *primäre Verrücktheit*. In an address, published in the "Allgemeine Zeitschrift für Psychiatrie," Vol. xxxiv, p. 250 ff. 1876, he imparts the following interesting information on the subject:

Verrücktheit never develops from a melancholic state, as was formerly believed, a belief which originated in confounding a hypochondriacal disposition with the incipient stage of true melancholic excitement. Accurate investigations in doubtful cases have always shown that in the beginning a general physical weakness is manifest, a change pronounced by affections of the whole system, which is associated with more or less vivid sensations of the most various kinds, and irresistible ideas of the existence of a morbid condition, feelings which, however, are less frequently localized than in cases of ordinary hypochondriasis.

Combined therewith are misapprehensions of common occurrences. The raised hand of a passer-by, a look, a word, distinctly heard or not, may produce the apprehension of something wrong, of an intended insult or the like. In more advanced stages delusions of persecution develop in association with such incidents, aside from which, according to Westphal's opinion, there does not exist any disturbance of the person's intellectual faculties. In other cases from such false judgments, or occasional hallucinations, originate peculiar delusions of grandeur such as that the patient believes himself to be a distinguished personage, selected to fulfill a grand mission on earth. These delusions are combined with a certain degree of self-exaltation, and the notion that the people at large should be aware of the duties imposed upon them, and where this is not verified by actual experience the above specified delusions of being

misunderstood and undervalued or persecuted, become mingled with those of grandeur.

Verrücktheit may be associated with dementia, yet by itself, even in the course of long years, it does not necessarily, indeed, terminate rarely in dementia. In this fact Westphal discovers another essential difference between this affection and progressive mania and melancholia. It is true, he adds, that in very acute cases, by the boundlessness of the delusions and hallucinations, reason and judgment may become disturbed and utterly deranged. Yet this occurs only in a secondary manner and not, as in general progressive paralysis, where the loss of reason, judgment and memory are symptoms primarily connected with the nature of the disease. As the mildest grade of *Verrücktheit*, Westphal designates the so-called abortive form. These cases are marked by single compulsory false ideas of which the patients themselves generally are conscious, frequently through their entire life. Yet he believes the assertion untenable that they never pass over into the actual form.

Much has been done to elucidate the subject of insane delusions of chronic character or the so-called fixed ideas and their relation to ordinary delusions originating simply in false or premature judgment, by Fried. Wilh. Hagen in an interesting paper published in 1870.* But it was not before 1877 that he declared himself in favor of the recognition of *Verrücktheit* in the sense of Snell, as a primary form of insanity.

About the same time Professor Theodore Meynert of Vienna, became an advocate of the new doctrine,† and

*Studien auf dem Gebiete der aerztlichen Seelenkunde; Artikel, *Fixe-Ideen*, Erlangen, 1870.

†Psychiatrisches Centralblatt 1877, and, "Ueber Fortschritte im Verständniss der krankhaften psychischen Gehirnzustände, Wien, 1878.

acknowledged it to be a distinct advance in psychiatric science. He pointed out as a characteristic distinction in the differential diagnosis between *Verrücktheit* and mania and melancholia, that the latter in the lighter grades of disturbance terminate without the presence of hallucinations and delusions, while in *Verrücktheit*, the latter always mark and characterize the final stages in the course of the symptomatology of the affection. As regards the other chief points, Meynert agrees with his predecessors. He admits that even down to the year 1871 he maintained that in the melancholic state the starting point was to be sought for in phenomena of inhibition of function, while later he convinced himself that the primary diagnostic symptom was the condition of excitement connected with the feelings of discouragement and mental depression. He looks upon it as the result of an intoxication, consecutive upon profound disturbances of nutrition through an altered chemical action in the change of matter of the ganglionic cell organism. It is the evidence of irritation of this apparatus and not an inhibition of function in the conductive tracts, by which latter, however, it may be complicated secondarily.

Contrary to this in the phenomena of *Verrücktheit*, Dr. Meynert discovers a state of psychical debility with irritation of the apparatus for inhibitory action and control of reflex actions. He localizes the apparatus in the anterior lobe of the brain. The preservation of a certain degree of intellect in *Verrücktheit*, he explains by the supposition that probably the regulated exercise of function in the logical apparatus of the anterior brain requires a smaller amount of vital energy and labor than the display of inhibitory action.

Meynert concurs with Hagen,* who held that the

*l. c.

insane delusions could not be conceived simply as the result of altered functions of groups of ganglion cells, consecutive upon morbid irritation. For they are in essence manifestations of error in judgment, based upon knowledge which is derived in the patient's opinion from personal experience. Thus it is evident that the experience itself must be visionary or falsified. The patient would seem to continuously see something behind the facts observed, a motive power, which he so intermingles with the facts that he substitutes the one for the other. Something similar is of quite common occurrence in daily life among perfectly sane people, who, however, when they are not conscious of the act, feel at least not surprised when they are convinced of their error. This is not so with the delusions of the insane in the conception of which the patient's subjective judgment wholly takes the place, and is given the significance, of objective facts. With all things, even the most trifling occurrences, he connects the fiction of the *tua res agitur*.

At the meeting of the "Deutsche Irrenärzte," in Nürnberg, 1877,* an unanimous resolution was passed in favor of the recommendation to adopt *Verrücktheit* in the official lists of the insane throughout the German empire as a primary form of insanity.

Dr. Meynert reports that, after the adoption of the new classification in his clinic, there was a change in figures from 26.4 per cent cases of melancholia, 37.12 per cent of mania, and 10.3 of *partielle Verrücktheit*, in 1871, to 5.8 per cent of melancholia, 5.2 per cent of mania, and 22.16 of *primäre Verrücktheit*, in 1876.

Such statistics, of course, if they do not cover very large periods, are of no decisive value, much less a comparison between them when taken from different

* Zeitschrift für Psychiatrie, 1877.

institutions. In this country, as also in France, England, Italy, no uniformity exists in the classification of the forms of insanity. But this does not involve the intimation that the form here in question should not have found due consideration. I shall here confine myself to this country and only to records of one institution, the New York State Lunatic Asylum at Utica, N. Y., and the development of the "Utica School," if it is permitted to use a term invented, though quite appropriate, by the adversaries of this school, which has been presided over since the year 1854 by Dr. John P. Gray. In the reports of this institution we find as early as 1851, the year in which Dr. Gray became first connected with it, the terms "chronic mania and monomania" applied to those conditions, with a remarkable preponderance over the others. Among 367 cases, admitted during that year, there are recorded 92 of chronic mania, 34 of monomania, 126 in all, against 116 of acute mania, 49 of melancholia, 12 of chronic dementia, etc. Among 816 cases, under treatment during the year, 255 of chronic mania, 81 of monomania, against 154 of acute mania, 77 of melancholia, and 117 of chronic dementia. Such figures in the course of time are subject to great variations. With the foundation of six other State institutions, of which one was for insane criminals, two for chronic insane, and the establishment of a large number of county asylums, mostly of a similar character to the latter, the State Asylum in Utica was reserved for the reception of acute cases. Nevertheless there are recorded in 1884 among 387 cases admitted, 72 of chronic mania, against 127 of melancholia, 45 of acute and 39 of sub-acute mania. In general it may be found not uninteresting that the variations in the percentage of cases of chronic mania

to that of other forms are not nearly so great as, for example, between mania and melancholia. From about the year 1877, there has been in the admissions of the New York State Asylum in Utica a marked preponderance of cases of melancholia. This was preceded by a number of years where there was but little difference as regards the number of the two forms; while in the years immediately before the outbreak of the civil war, during the war and for several years after, there was a notable preponderance of the acute forms of mania.

I have made the above remarks for the reason that when the question of *primäre Verrücktheit* after its acknowledgment in Germany, was brought before the public in this country, it was made the occasion of an ungenerous attack upon some of the most prominent American psychiatrists by some ill-willed and ill-informed persons who insinuated that this form of insanity was not recognized here, and that the standing of psychiatry on this continent was far behind the progress made abroad. I do not question the professional ability of the men who made these attacks, but one thing should not be forgotten. The fact showed how little personal experience they must have had with our asylums and how inadequate was their knowledge of the history of insanity in their native country.

It should also be here remembered that (the term which is applied to a thing being in so far at least immaterial, as none can be found which precisely defines it in accordance with its original meaning) it is the object, the condition, the conception which is to be baptized. In our case the term of "chronic mania" for the condition in question comes as near the designation of its real character as the terms monomania, vesania, delusional insanity or the German general term

Verrücktheit. In the New York State Lunatic Asylum at Utica, as its annual reports show, this condition for the last thirty-four years and, as it seems, since the opening of the institution has been duly and fully recognized as an independent form of insanity side by side with melancholia, mania, paresis, acute dementia, epileptic insanity. The chief term for it was "chronic mania," but no objections were raised upon principle against the occasional employment of the terms "monomania, hysterical mania" exceptionally even "moral insanity"; but no "klepto-pyro-dipso-etc.,-maniacs" are registered in the books.

The confounding of the condition with melancholia and mania to an extent as exhibited in the figures of Prof. Meynert above given, is indeed difficult to understand. In its character, as a form of mental debility, with a marked chronic taint from the beginning, it bears a much closer relation to certain of the incipient stages of dementia, following melancholia and mania, than to the latter themselves. The fact that the question, whether of primary or secondary nature, was not particularly ventilated in this country,—nor in France, England, Italy,—has its special reason. In Germany it grew out of the conception combined with the term formerly employed to designate the condition, viz: "*PARTIELLE Verrücktheit*," at a time when there was a general feeling of disappointment and dissatisfaction among German alienists, which succeeded the failure in their endeavors to discover the *borderland* of insanity, the territory in which the manifestations of sane life were supposed to meet and mingle with those of the insane perversions. It was the period after the reaction that followed Ideler's absurd doctrine, that insanity was but a special phenomenon of the perpetual struggle between the passions of man and reason; the period,

when the medical expert on insanity before the Court, instead of confining himself to the determination of the existence or non-existence of disease or congenital defects, freely ventilated, far beyond the bounds of propriety of his profession, his opinion as to responsibility, irresponsibility, conditional responsibility of the person examined, to the infinite annoyance of jurists, and mostly to the detriment of the defendant; the period when psychiatrists spoke of pyro- klepto- dipso- etc.- manias, of homicidal and suicidal mania, of emotional, moral, impulsive and instinctive insanity; of persons being *partially* insane; of functional diseases and the like. The greater part of this struggle has been spared this country and England, where the "either or not" predominated, and intermediate conditions between sanity and insanity never gained a legitimate recognition, and therefore aroused but little interest.

With the more general acknowledgment of insanity as a physical disease, or rather as merely the symptom of a disease, in Germany, the necessity suggested itself to part in psychiatry with all that was half-bred, doubtful, and inconsistent with the laws of physical science. One step in this direction was the surrender of the so-called *partielle Verrücktheit*, and its resurrection as a legitimate and characteristic form of mental disturbance, having its own symptomatology, history, course and pathology, under the term *primäre Verrücktheit*. The addition "*primäre*" in this term should be abandoned, since it is as immaterial as it would be in connection with melancholia, mania, paresis; and as superfluous is the term "*originäre*" for Dr. Sander's proposed variety.

It is my opinion that, to any general or special denomination of the condition in the English language, the term "chronic mania" is much to be preferred to those above enumerated. The condition is a chronic

one from the beginning. Meynert as well as Westphal stand up emphatically against its conception as a mixture of mania and melancholia, although, as Griesinger aptly remarked,* the two chief evidences of mental disorder, the melancholic and the maniacal excitement shine through here as everywhere. But in this case the preponderance is on the side of the latter, and for this reason, the term mania in combination with chronic is particularly appropriate. And this the more so as for the designation of that chronic form of insanity, which is consecutive to progressive acute mania, and other mental affections, the term "dementia" has been universally adopted.

But, as I remarked above, the term to be applied to the condition is immaterial if there exists an agreement as regards the correct conception of the subject; to which end the foregoing exposition is offered, as in some respects, perhaps, a not unwelcome contribution.

*l. c.

MONOMANIA.*

BY WM. D. GRANGER, M. D.,

First Assistant Physician, State Asylum for the Insane, Buffalo, N. Y.

The term monomania was first used by Esquirol, about fifty years ago. He describes it as a chronic cerebral affection, without fever, characterized by a partial lesion of the intelligence. "Sometimes the intellectual disorder is concentrated on a single object or on a series of circumscribed objects. The patients start from a false principle and follow it up to its logical sequence, whereby their emotions and voluntary acts are modified. Outside of this partial insanity they feel, reason, and act like other persons. Illusions, hallucinations, vicious associations of ideas, false, erroneous, whimsical convictions form the basis of the insanity, to which I would give the name *intellectual monomania*."

Since Esquirol's time the term has passed into common speech, but not into common understanding, with the specialists, the general profession, or the laity. "It is a sort of monomania, doctor," is a set speech for many cases brought to the asylum, and has been applied to every form of insanity, from raving madness to most advanced dementia. The object of this paper is to endeavor to present in a succinct manner, the best thought and teaching of to-day about monomania.

For myself, I have no fixed and accepted opinions to advance. Observation and study have as yet brought no settled convictions. It is very easy to find in the wards of any asylum many cases that fill, more or less completely, the different descriptions of monomania as

* Read before the Alumni Association of the Medical Department, Buffalo University, February 23, 1885.

found in the books. But until there is some agreement as to what monomania is, the way does not seem clear to draw these cases from their positions among the various classes of mania and melancholia, where they still seem properly to belong, and to dignify them into a new and distinct form of mental disease. We shall, in studying monomania, judge it by the same rules we would apply to establish and govern any other definite form of disease, and if it falls too far short reject its claims.

Those who use it should not have to object to the term itself, defend and excuse it, and also acknowledge there is really no such disease, but only an approach to it. Can you imagine no real pneumonia? What would you think to read, "this is as near a case of true pneumonia as I can present to you,"—or qualify in the same way a case of acute mania, or epilepsy with mania or paresis? Monomania strictly means one fixed insane delusion, or delusions limited to a single subject, and that outside of this condition, intellect, emotions and morals are unaffected. Let us for a moment consider what those who employ the term have to say of this narrow, but correct, definition.

Bucknill and Tuke, (Edition, 1879), regret the use of the term, and say, in its literal sense it has a disputed existence, and that the different morbid conditions described by different writers leads to "hopeless confusion." Yet they make practical use of the term, and add again to the hopeless confusion.

Dr. Henry Maudsley, (*Pathology of Mind*, Edition, 1882), describes monomania as a disease, but seems to do so doubtingly, for he frequently speaks of it as "so-called monomania," and rightly, for he believes in it in no restricted sense. He says, "for the most part there is more derangement than appears on the surface,

* * * however circumscribed the range of delusions seems to be * * * the application of a sufficient test will discover it. The faculties of the mind are not independent, so when a part suffers the whole suffers more or less intensely."

Dr. G. F. Blanford, (Edition, 1884), says: That authors who describe a form of insanity they call monomania, "are not agreed as to the symptoms the term denotes," and "probably that which is most commonly called monomania is chronic insanity, where the patient is removed from deep depression on the one hand, and gay or angry excitement on the other, and where the bodily health has resumed its ordinary level." "The distinction," he says, "between mania and monomania is for the most part verbal."

Again, it is not wise to accept too willingly a classification that many authors and observers deny. Dr. McLane Hamilton (*Medical Jurisprudence*, Edition, 1883), says, "that in nearly all cases of either mania or melancholia, though there is a prevailing delusion, there is as well a variety of others." That "the term monomania is an impractical refinement." He says of it, as of moral and partial insanity, they are terms that "are relative at best, and while convenient are dangerous." He further states "that ordinary cases of mania, at different stages, can be designated not only as 'monomania,' but 'moral' and 'partial' insanity by those who look upon the case superficially."

Dr. T. S. Clouston, (Edition, 1883), says: There are very few, if any, examples of pure monomania. Nevertheless he ably devotes a chapter to describe the impure forms.

Dr. E. C. Spitzka, (Edition, 1883), says the objection "that there is no insanity on a single topic must be sustained in the majority of cases." He parries criticism

by saying, "with the abuse of a term investigators have little to do," and that "in medicine we can not afford to be too strict constructionists of terms."

Dr. G. H. Savage, (Edition, 1884), does not include monomania in his nomenclature of the different forms of insanity, nor does he describe any such form. He speaks of "so-called cases of monomania," and points out that nearly all such cases have "passed through mental storms, and those extraordinary delusions are the result of acute attacks," and are the "natural growths, from the delusions of the acute disorder."

Dr. H. M. Bannister, (*Journal of Neurology and Psychiatry*, May, 1884), says: While there are undoubtedly but few cases that fall under so strict a definition, yet he "sees no reason to deny that there will be some that can be properly thus classed."

Dr. W. A. Gorton, (*Boston Medical and Surgical Journal*, August 7, 1884), says: While it is no wonder "its existence as a separate form of insanity is disputed," there are, among the great number, some cases that "seem in certain well defined respects" to be considered in a different "sense" from acute or chronic mania or melancholia.

Dr. W. H. D. Sankey, (Edition, 1884), speaks of monomania in the chapter upon "so-called kinds of insanity," and says "the term has been used in different ways—by some it means the patient is mad on only one point.
* * * * As such a condition does not exist, most writers have agreed to abandon the term."

Asylum superintendents, who certainly are possessed of a practical acquaintance with insanity, generally reject the term monomania. The reports of seventy-seven asylums, for the year 1884, including [English, Canadian and American, give a total of 15,461 admissions. Forty-eight asylums, with

9,237 admissions, give tables of forms of insanity, but make no mention of monomania. Fifteen asylums, with 3,692 admissions, report cases of monomania, while fourteen asylums, with 2,532 admissions, have no table of form of insanity of patients admitted. The fifteen asylums report one hundred and eighty-five cases of monomania. One asylum reports forty-four cases; one, twenty-six; one, twenty-nine; one, thirty-six; and one, twenty; the remaining thirty cases are divided among ten asylums.*

In these statistics monomania makes a poor showing in spite of all its friends can do for it. The total number of cases is very small when compared to the total admissions of the fifteen asylums. Those who report cases show upon comparison the same disagreement that one finds in studying the disease from any standpoint. One asylum with 98 admissions reports 29 cases of monomania, while another asylum reports one to 477; another one to 220; another two to 300; another twenty-six to 192 admissions.

Suppose we were studying pneumonia for the first time, and we should find that two-thirds of the general hospitals failed to report any cases, that those who did, reported but few cases. Suppose that reading many authors for the year, we found that they denied that there was any such disease, that it was all a mistake, a mere verbal difference. Suppose we further found that those who used the term, were obliged to defend it, excuse it, and acknowledge that any such disease was seldom if ever seen, or never in any true and literal sense, that it "has a disputed existence," that the use of the term "has led to hopeless confusion."

* Three English asylums, report among admissions cases of "delusional insanity." These have been considered to be cases of monomania. Whatever doubt the writer entertained has been thrown in favor of monomania.

Suppose all this to be true of pneumonia, would we not be justified in demanding of those, who have this year written in defense of the term and the disease, that they present to us, a form of disease with a somewhat uniform clinical history, a sound and agreeing etiology, and a clear and not too contradictory pathology. But suppose upon reading these authors we found them full of vital disagreement, overflowing with contradictions one of the other—would we not be justified in doubting the value of the term and in refusing for the present, to accept pneumonia as a distinct form of disease? The first part of this supposition has been found to be true of monomania, and the last part we shall also find to be true, after studying the writings of those who use the term. We would therefore seem to be justified in still refusing to acknowledge the truthfulness of the term monomania, and in failing to find any cases of mental disease to which we can apply it. The whole history of monomania for fifty years has been one of ever shifting teaching, and endless contradictions of observers, and a constant and uniform denial by a majority of the specialists of the existence of any such form of disease, and such is the state of affairs to-day.

A superficial reading shows a confusing difference of scope and definition among the authors of the last half decade, and careful study fails to enable the student to reconcile the different views. The reasons for the misunderstandings and varied applications of the word monomania are these: The word has a fixed value; meaning a disease characterized by a very narrow class of insane delusions, upon one subject only. It seems fair to assume that the existence of any such disease is extremely rare, if it ever really has any existence. At the same time the term is striking, popular and

easy of an ignorant sort of belief. Many cases of acute and chronic insanity seem upon a superficial examination to have but a few prominent delusions. The patient then "is all right," except upon one subject, and is therefore a monomaniac. These remarks are not to be applied to the writers we have mentioned or to others in the specialty who believe in monomania. Their arguments and ideas can not be overthrown by calling them superficial, popular or ignorant, because such a statement would not be true. Rather it is the respect I have for them that calls for this review of their teachings. But they are using a term that should mean something definite. They seem to fail to find any cases that can be described by so strict a term. One person describes something that is like it; another something that is like it, but on the other side, entirely different from the first description. The effort to prove that nothing is something gives scope to the imagination, but does not tend to an agreement of thought or oneness of ideas.

In considering the teachings of recent writers we will first point out what seem to be some of those contradictions and differences. Dr. Spitzka says that monomania is essentially a primary disease, that it is not secondary to any form of acute insanity, as acute mania or melancholia. On the other hand, Dr. Maudsley, while holding that the disease may be of primary origin, and that inheritance may predispose, and peculiarities give rise to the peculiar form of delusions, yet mostly regards it as a disease secondary to acute mania and melancholia. Dr. Clouston also believes it to be mostly secondary to acute diseases, and nowhere speaks of it as of primary origin, although a certain part of his cases are traced to hereditary tendency and native peculiarities. Dr. Spitzka's idea

of a primary disease is based upon an etiological pathology that is peculiar, and gives so distinct a characteristic to this form as to remove it entirely from that description of mental disease, put down as chronic and secondary to an acute attack. He believes that primary monomania originates in an inherited neuro-degenerated taint, which generally marks the person as peculiar, and eccentric, and he claims in each case the existence of cranial deficiencies or other evidence of inherited nerve vice. Upon such a person is implanted a primary disease, peculiar in its manifestation and called monomania. The exception is that the origin of the disease may be due to some acquired, sudden or deep, nerve injury, as typhoid fever, sunstroke or syphilis. If these hereditary tendencies and evidence of nerve degeneration are not present, the difficulty is easily got over by assuming their existence. So strongly does he argue in favor of the inherited taint, that in making a distinct class of mental diseases, he has in it idiocy and dementia at one end and monomania at the other. Dr. Maudsley, however, considers "so-called monomania," when secondary to acute insanity, to be a sort of one-sided manifestation of chronic mania, for he says: "At the one end the chronic mania has the partial or circumscribed character of so-called monomania; at the other end it passes insensibly into dementia." There would appear to be a vast difference between a disease, primary in its origin, and depending upon an inherited or acquired organic nerve taint, and one that is simply a secondary disease, more especially when the believers in the first form utterly deny the right to the second to be called monomania.

It is difficult to say what Dr. Hammond believes upon these points, for he says but little. In a general way he believes in heredity, but he does not especially

apply his belief to monomania. Some of his cases, he distinctly says, have no hereditary history. To his mind the influence of our thoughts and emotions has a most decided agency in producing monomania. He says: "Continued thought in any one direction, is liable to produce more or less mental disturbance in the mind of the sanest persons. Repeatedly telling the same lie eventually induces the liar himself to believe its truth." Speaking of the emotions he says they may "acquire such an undue and morbid influence as to dominate the will and intellect." "The emotion of pride and vanity is developed upon an actual fact to such an abnormal extent as to constitute veritable insanity." The emotion of avarice is frequently developed "to constitute a state of insanity." The emotion of jealousy may overcome the intellect and will and become ungovernable, and therefore be insanity. Pernicious doctrine this, yet it is the legitimate outcome of a belief in monomania, and gives strength to the statement of Dr. Hamilton, that while it is a convenient, it is a dangerous term.

Dr. Bannister, in the article before quoted, says, speaking of the origin of monomania, "that an exclusive dwelling upon a single idea, not in itself an insane one, may so intensify it as to render the one who indulges in it insane, * * * need not, I think, be denied." "A man may be perfectly fitted for the position in life in which he happens to be, in every respect except the possession of a single delusion, prompted, it may be, by some morbidly intensified natural feeling." It has, then, come to this, that a man may think himself into a disease, and that, with the exception of a single delusion, founded upon a morbidly intensified natural feeling, which is his insanity, and which insanity is monomania, the man may be perfectly sane. This is getting down

pretty near to nothing. Follow in your minds for a moment the element of cause or origin from Dr. Spitzka's inherited, and as a proposition soundly pathological through all the others to Bannister's entirely metaphysical cause, and does it seem possible that they can all refer to one and the same disease?

Dr. Clouston warns his readers against too hastily calling a case monomania. He describes it, as does Dr. Spitzka, as a chronic disease, saying it is never established till at least a year after the subsidence of the acute attack, and the delusions have remained unchanged. But some of Dr. Hammond's cases recover in a *few months*. The central idea of monomania to Dr. Clouston is the presence of delusions of a fixed character. But Dr. Spitzka objects to "the term 'delusional insanity,' for the reason that delusions are not an essential feature of all varieties of monomania, for they may be entirely absent."

Dr. Hammond also believes that delusions are not of necessity connected with all varieties of monomania. He describes "emotional monomania," a condition where one of the emotions only dominates the intellect and will. Again Dr. Clouston tells us that not only must monomania be a chronic disease, but it must be one of a few fixed, controlling delusions, and warns his readers not to call it monomania, unless along with this delusional condition, all general brain exaltation or excitement or general depression has passed away. Dr. Hamilton has, in direct opposition to this teaching, given us two varieties of delusional monomania: one monomania with exaltation, and the other monomania with depression. Nor is this merely a difference of definition and the use of words. Dr. Hammond largely describes acute cases of insanity with depression or exaltation. His clinical cases are much more tumultu-

ous than are the more peaceful cases of chronic insanity described by Dr. Clouston.

Dr. Clouston speaks of cases "where from the very subacuteness of the mania or melancholia, exaltation or depression was not very evident, and a delusion stood as apparently the disease," and cautions his readers against mistaking such cases for monomania. Dr. Hammond, curiously enough, in his two first cases reported under the head of monomania with exaltation, describes a condition of subacute mania, with a few prominent delusions, and but little exaltation. One passes into dementia and the other recovers in a few months.

Here, then, is the difficulty of fixing in one's own mind, exactly what monomania is. Spitzka tells us it is a primary disease and dependent upon a few special causes. Other writers find monomania to be a chronic disease, but one of secondary outcome of the acute forms. One tells us it is never established till at least a year has passed after the subsidence of the acute attack, and another tells us some of his cases recover in a few months. One writer says it is not monomania unless accompanied by delusions. Others say delusions are not a necessary part of the disease; it may exist without any. One writer says it must not be considered monomania till all general excitement or depression has subsided. And another speaks of monomania with exaltation, or with depression; the very class of cases one author warns his readers against mistaking for monomania, another uses to illustrate his conception of the disease.

There are certain terms used, as pyromania, kleptomania, nymphomania, homicidal or suicidal mania, that are commonly thought to be subdivisions of monomania. They are not so used by the writers we have mentioned. Dr. Hammond includes them under "emotional morbid

impulses," as, kleptomania, "impulse that prompts to steal;" pyromania, "love of setting houses on fire;" homicidal mania, "intense desire to kill." Do not these conditions and definitions come nearer crime than insanity?

Dr. Clouston includes them under the head of "defective inhibition or insanity without delusions, exaltation, depression or enfeeblement." He assumes, however, that there are nerve inhibitory centres governing our will. With defective inhibition we get some cases that have uncontrollable impulses to violence and destruction, others to homicide, others to suicide, without depression, others to acts of animal gratification, (satyriasis, nymphomania, erotomania, bestiality), others to drinking, dipsomania; others to setting fire to things, pyromania; others to stealing, kleptomania; others to immoralities of all sorts, if any are left; moral insanity. Again we are prompted to ask, do not these conditions, founded upon such a hypothetical cause, come nearer crime than insanity?

The only case of so-called pyromania I have seen among twelve hundred lunatics, was the case of a man who set fire to a dozen barns under the delusion that a wizard who harmed him was in one of them. And the only case of so-called kleptomania was that of a woman who stole many articles from an unoccupied house and from a store. She placed them in odd positions about her house; and claimed she received special benefit from them in these positions, and that she would be entirely cured by emanations that came from them. Perhaps I should know more of these forms of insanity if I were physician to the penitentiary instead of the insane asylum.

Monomania is described by all writers as a disease of greatly varying degree and intensity. Many persons

of haughty pride or absurd grandeur, with dangerous jealousy or harmless delusions, so conduct themselves as to maintain their proper relations to society, earn their own living and support their families. These may easily come within some of the limitations of monomania. In asylums are found kings, and all kinds of great and noble men, who quietly and daily wash the dishes on the ward, and perform other acts of menial labor. A Virgin Mary irons shirts in our laundry, and at the same time tells us she is the most blessed of women. Delusions and suspicions of the most painful kind are frequently harbored by persons who are quiet and good members of society when removed from the object of these delusions. A patient in the asylum who for twenty years has had delusions of her husband's infidelity, with hallucinations of hearing and sight, and who became so violent that she was arrested as a "lunatic dangerous to be at large," has been with us two years, and is one of the quietest and most polite of patients, except upon an occasional visit from her husband.

But monomania is not always so pleasantly or foolishly harmless, or so quietly or painfully distressing. Under the influence of thwarted delusions, driven to desperation by hallucinations reflecting upon their character, flooding their ears with obscene or profane abuse, offering them poison in their food or drink, working upon them "spells" by electricity, blowing foul odors under their doors, mutilating their bodies, ravishing them by night, telling it on the wards by day,—these are a few conditions that drive the so-called monomaniacs to periods of frenzy or to prolonged violence, to commit homicidal or incendiary acts, or others of a criminal nature.

The delusions of monomania are as numerous as the objects of human thought and knowledge. These have

been grouped by their more prominent features, and some of them, described as more or less alike by different authors, we will speak of. It must be said in explanation however, that as delusions they are by no means confined to monomania.

Delusions of grandeur and pride include a very large class. Here are found the kings and noble people, the millionaire, the raving beauty, the effusive poet. Not infrequently they display in their lofty air, or grotesque or scornful bearing, and a peculiar muscular rigidity, the greatness of their self-esteem. A patient in the asylum, who thinks himself a major-general, works faithfully at his trade as a painter; but a drum-major might envy his contortions as he heads a party of patients in the walk about the grounds. The delusions are not always so pronounced. Intense and all prevailing egotism may mostly make up the peculiarities and give tone to the delusions. A patient whose pride and greatness are centred in her deceased father, in the most lofty manner condescends to look and speak to her mother, distantly shakes hands with her brother, and stiffly kisses her sister when they visit her. In everything she does she is carrying out her father's wishes.

An interference with the freedom of these patients is often the cause of violence and ideas of persecution. A person may have a delusion that he is a special agent of God to perform a certain great work. This may be accompanied by heavenly visions and direct commands from God. Placed in an asylum, his whole conduct may change from joyful exaltation to a sense of being persecuted and depressed. This is a subdivision of monomania of grandeur, and often called religious monomania. The patient may be God, a prophet, John the Baptist, Martin Luther, the Pope, Spurgeon or Moody. Another subdivision of grandeur is called

erotomania. The emotions, feelings and delusions are intense, but generally pure. If a young woman being insane becomes in love, once or many times, she may not mention her lover's name, or speak of him or see him; but she raises him upon a pinnacle of goodness and greatness, and adores and worships him with all the earnestness of her "intensified morbid" emotion. Her passion absorbs her thoughts, her life, but it is pure. A patient in the asylum, old enough to be my grandmother, thinks I desire to marry her. The tender passion she fully returns, and believes I make my love to her by "mental communications" in my absence. Her fury is terrible when I will not, in her presence, repeat the offers I make when away from her. But I am sure any attempt to take advantage of her unhappy love would be resented with as great and indignant a fury.

Monomanias of suspicion and persecution form a separate class. We have seen how patients with delusions of grandeur may have delusions of persecution. But in others the delusions of persecution or suspicion may exist by themselves. Our manner, as a shrug of the shoulder, a word, or look or cough, the shape of letters or certain words in newspapers, may be the cause of most intense suspicions and the wildest delusions,—as plots against country, person or property, delusions of poisoning, and especially of violated marital relations. These are common forms of monomania of suspicion. Perverted sensations give rise to delusions,—as, a cancer of the stomach, of poison, or of devils in the belly, or hallucinations of smell, delusions of chloroform. These are called delusions of unseen and unnatural agency. Rheumatism, cancer, tuberculosis, or syphilis, are said to largely give rise to this condition. These divisions are not always entirely distinct, but pass insensibly one

into the other. Delusions of persecution and grandeur may exist side by side, together with hallucinations of the several senses, while periods of frenzy and impairment of moral sense, and vicious indulgences are described as belonging to the same case and are called monomania.

It has seemed best to leave the definitions of monomania until the ideas of the different writers about the disease had been explained. To those who make them they are confessedly unsatisfactory; to those who read them, they are even less satisfactory, as they do not clearly define or exactly limit the disease. Dr. Clouston's definition has been fully given, and need not be repeated. But one wishes to ask Dr. Clouston what are limited delusions? What bounds are to be set up and why? All delusions have their limit and the delusions of every case of insanity are limited. Why must they be "fixed for one year" before calling them monomania? Why not six months or two years? Can two persons decide and agree, when the delusions are so "fixed" and "limited" as to constitute monomania and nothing else? We have seen they are not agreed. Dr. Hammond defines intellectual monomania to be "a perversion of the intellect characterized by the existence of delusions limited to a single subject or *a small class of subjects*." We would respectfully ask how small a class of subjects? What is the limit? Small is a very flexible term, and what seems small to one is very extended to another. You will notice there is no limit to the fixedness of the delusions. Unlike Dr. Clouston's, the small class of delusional subjects may constitute monomania much inside of a year. Nor is there any fixedness that relates to continuity. Dr. Clouston's are fixed and the diseases chronic. Dr. Hammond's small class may not be fixed and the

patient recovers in a few months. Why does Dr. Clouston qualify his fixed and limited delusions of not less than a year by saying there must be no depression or exaltation? And why does Dr. Hammond find his small class of subjects affected by delusions, to be qualified by depression and exaltation in order to be monomania? These are some of the puzzles that suggest themselves when reading these contrary definitions.

Dr. Spitzka defines monomania to be a "chronic form of insanity based upon an acquired or transmitted neuro-degenerated taint manifesting itself in anomalies of the conceptional sphere which, while it does destructively involve the entire mental mechanism, dominates it." One would ask, how many "anomalies of the conceptional sphere" must exist in order to give us monomania. Not one alone, for he says in a majority of cases there is no such thing as "insanity on a single topic." Shall we look for five, ten or twenty "anomalies" to limit and bound the disease. Is it to be arbitrarily set, or shall each choose for himself? And further, as he says in monomania the majority of cases present insanity upon *more* than a "single topic," we again want to ask what limit shall we make to the number of topics and still call it monomania? He evidently tries to answer the objection in advance. He says, "with the limitation * * that the insanity extends in a *special direction* across the *mental horizon*, monomania may well retain its place in our vocabulary." [The italics are ours.] But how absurd, meaningless and unscientific is such a figurative definition of an unlimited and disputed disease, that includes both physical and mental symptoms.

One also wants to ask, will not the greater part of insanity be included in a condition in "which, while they (the anomalies) do not destructively involve the entire

mental mechanism dominate it." What insanities destructively involve the entire mental mechanism? But few if any.

It seems fair in reviewing definitions and fundamental principles, to be strict constructionists, even if we are not to be so of medical terms.

There has been an earnest attempt made in Germany to place monomania upon a sound etiological, pathological and clinical basis, and to dignify it into an exact disease. They have tried to discard the contradictory and unsatisfactory teachings of the past, and to set up something that has a real existence and call it monomania. This much may be said of it. If the time and our knowledge is ready to withdraw cases from these various forms of mania and melancholia, we find in the German *Verrücktheit* something more worthy of study and adoption than anything yet presented. It is best set forth in the writings of Krafft-Ebing in German, and by Spitzka in English. In the very brief description I shall give, I shall quote mostly from these works. It has received the sanction of many alienists on the Continent, and is working its way among English and American alienists.

The past year several American asylum superintendents have reported and described cases they considered to come within the definitions of this form of insanity.

The word *Verrücktheit* literally means, according to Dr. Spitzka "shifted from its place" and is about equivalent to the English "cracked" or perhaps the later word "crank."

To quote almost literally from Krafft-Ebing,* it is
First. An essential or primary disease.

*The translation is one made by Dr. H. M. Hurd, and kindly furnished for the preparation of this article.

Second. It is almost wholly an affection of a burdened brain.

Third. It is characterized by delusions with an absence of an emotional basis, and of conscious intellection of their origin.

Fourth. It is of a deep fixed character, not terminating in confusion or dementia but leaves the apparatus of logical thought intact. *on other subjects*

The burdening shows itself largely in inherited taint, or if acquired burdening from infantile brain disease, or rickets or from some other cause affecting the development of the skull, and later from injuries, fevers and like severe causes.

Upon this physical underlying predisposition to insanity, the ordinary exciting causes act to bring about the attack, as puberty, change of life, masturbation, intemperance, grief, anxiety, poverty and want, and general ill health. The eccentricities of the person are apt to give the chief characteristics to the disease, as a naturally vain and pompous person takes on monomania of grandeur, or a suspicious person the form of persecution and suspicion. The development of the disease is slow. He speaks of false impressions showing themselves, the judgment at first correcting them, but continuing to appear; the play of the imagination and attention fosters them and upon this condition delusions arise. So hallucinations appear, corrected perhaps at first, but soon becoming a part of the patient's accepted consciousness.

There is nothing particularly new in the description of symptoms by the writers on *Verrücktheit*. Most insane conditions can be reduced to states of exaltation and delusions of more or less grandeur, or states of depression with delusions of persecution or suspicion. It is the play and sequence of those

delusions and their affirmed dependence upon physical causes setting up a primary insanity, that gives to these groups of symptoms the only claim to a separate recognition.

The delusions of grandeur, often begin in quiet assertion, or demand for protection against persecutors, followed in those holding them by a state of active claims and perhaps dangerous attacks to assert their rights and get them by force, or if confined in an asylum they become subject to melancholy depression and ideas of persecutions, and are very suspicious. In the first stage, there may be nothing to interfere with their relations to society, but in the second stage they may become suddenly and desperately violent. A prince may go out to seek his throne, and attack the first person he meets, or a prophet of the Lord offer up human sacrifices, or openly wage battles against sin.

Or they may seek their rights through the courts, bringing harmless but vexatious suits, hanging around public places all their lifetime, the objects of ridicule or the butt of rude jokes.

There is described in some cases a state of transformation, when the delusions and hallucinations change. This change may be slow, or sudden and with violence, or the patient pass through so-called trance states, with visions, perhaps of God or Christ, or of heavenly glories. Out of this state the patient emerges into a more quiet, fixed and contented condition, and the contemplation of the fulfillment of his mission. If he is a prince his mind is satisfied with the idea, and he sinks down in an asylum into the place of an ordinary chronic lunatic; others no longer fight prophets, but become quiet persons of the Trinity or mothers of God or rulers of the universe.

Krafft-Ebing theorizes that these changed states

and the processes of transformation are due to changed molecular relations in the central nerve organism. There is no ground for objections to this belief, if one desires to hold it. It may be presumption on the part of one who can not honestly say he has ever seen a real case of *Verrücktheit* to give as his opinion that this first stage of disturbed tumultuous insanity agrees very nicely with many cases of acute insanity, and the transformation and after condition seems wonderfully like the passage of this acute attack into a secondary chronic insanity.

Opposed to this delusional monomania, writers on *Verrücktheit* describe a form without delusions, called primary insanity with imperative conceptions.

There is disturbance of the conceptions *without* delusions. It grows out of the same primary pathological causes. Imperative conceptions, to quote Spitzka, are phenomena that arise suddenly, without any obvious connection with previous thought; they appear like spontaneous explosions of some uncontrollable segment of the nervous system. They have been aptly called rudimentary delusions. They may become fixed and controlling. Imperative conceptions lead to imperative acts. These conditions seem near of kin to morbid impulses, emotional morbid impulses, loss of inhibitory will power, and some cases described might be well called moral insanity, and others emotional monomania.

Krafft-Ebing thus described the growth and mastery over the intellect and will by the imperative conceptions so as to form monomania. Into the mind from our deep consciousness are forced doubts and questions, as: Is there a God? What is eternity? How did man originate? Or the sight of a knife makes one ask: what if I should commit murder? Or doubts arise

and begin to dominate the thoughts as, did I lock the door? Was the letter properly written? Or in prayer, damned instead of blessed, hell instead of heaven, forces its way and persistently returns. The patient broods over these intrusions, summons his will and banishes them until at last they obtain the mastery, just as hallucinations at first are corrected and then control. All peace is lost, imperative acts are committed, perhaps dangerous to his life or others.

The sight of a dog brings forth conceptions of rabies and the patient suffers from the disease, with as much distress and anguish of mind as though real. The sight of a copper vessel suggests vitriol and thus poison, and then the application of it to himself or his family. The term used is conception, not delusion, as the conception of fears of defilement, or of being alone in closed places. Under imperative conceptions, the kleptomaniac, the pyromaniac and all other half-morbid, half-emotional and criminal conditions find a safe resting place.

Having no views of my own to advance, no theories to expound, being like yourselves a student, I will leave the matter here for your own contemplation, your adoption or rejection, and consider my duty done, if I have succeeded in fulfilling my wish to set before you the teachings of to-day upon monomania.

MENTAL HYGIENE.*

BY WILLIS E. FORD, M. D.,
Utica, N. Y.

Hygiene in general is the art of preserving health, and is a subject that engages attention in proportion to the degree of civilization a community has reached. Savages that live by the chase, and men in the lower conditions of civilized life, pay but little, if any, attention to matters of this kind. How great its importance is to us may be gathered from statistics which show that the annual loss of life in this country from causes now demonstrated to be preventable, is one hundred thousand. In addition to this great mortality there are in the United States constantly sick from causes we have every reason to believe are preventable, one hundred and fifty thousand persons. Every year one person in each five hundred of our population becomes insane or is at least mentally maimed. Thus the productive capacity of a community as a whole is reduced, needlessly, and in part wickedly, at least thirty per cent.

The causes of sickness are classified into: 1. "Hereditary;" 2. "Physical and chemical;" 3. "Organized or vital;" and 4. "Mental." It is only of this latter division of the subject that I shall speak to you to-night. Mental Hygiene is so great a question embracing as it does so much of psychology and metaphysics, that but few glimpses can be obtained here and there of its more obvious phases in a single paper. All men are to a greater or less degree observers and students of mind.

* Abstract of a lecture delivered March 23, 1885, before the Y. M. C. A. of Utica.

The humblest and the most learned, each from his own standpoint, is a judge of the mental phenomena exhibited in his own person. There is something so mysterious in the relation of the mind to the body and of such vital importance, that no one is so dull as never to have thought of it. The little peculiarities and failings we observe in others are causes of constant speculation, while our own variations from what we consider normal and right conditions, cause us much anxiety and unhappiness. I am persuaded that if we understood more thoroughly the physical causes which produce the fluctuations of feelings, and knew how to avoid the many undesirable states of mind we all experience, we should not only order our lives more carefully, but also be enabled to enjoy to a greater degree our present conditions.

In judging of other minds we must remember that we possess but little positive knowledge. It is only my own mind that I can know directly. Of other minds I may judge by gestures, conduct and by communicated information. These objective signs, however, appeal to our higher senses, and we can discriminate and judge very accurately from them. But my own mind I know by introspection and consciousness. We never can have access to the method of working of another mind, and the only assumption we can make is, if another person acts precisely as we act, he must feel as we feel. Yet we may not know all the circumstances, and may judge incorrectly, and so in estimating the mental status of our fellow-men as in judging of their religious status, there is safety only in the exercise of great charity.

Of no other period of human history can it be so emphatically asserted as of the present, that the race is not to the swift nor the battle to the strong. In ruder

civilizations brute force, brawn and muscle played the most prominent part in elevating men to leadership, and the hero was the man of the greatest physical strength and endurance. To-day the ends which men most covet are obtained by peaceful methods, and brawn plays only a secondary part, furnishing the basis for healthy mental activity. For the struggle now is between mind and mind, rather than between limb and limb, and the best examples of mere physical excellence are less regarded than the mental endowments of the average man. Physical culture should be looked upon as a means only, the great end being a better intellectual growth.

We know of the mind only in association with a brain, and yet it is not a secretion or product of the brain, but is an independent essence or principle, requiring a brain however, not for its existence, but as its only means of manifestation. A healthy brain is, therefore, necessary for a healthy and normal manifestation of mind. It is practically a unit too, embracing however, several elements, as volition, feeling and intellect, a derangement in function in any one of which destroys man's power to adjust himself properly to his surroundings.

We need not be afraid on the one hand of the charge of materialism, if we emphasize the mutual dependence of the body and the mind; nor on the other hand of being termed unscientific if we admit that there is in man a spiritual essence which is not subject to the laws of disease and decay, but which, when the brain is no longer able to perform any function and the body is unable to resist dissolution, still remains unharmed and returns to its Originator. If mind were the mere outcome of matter, scientific research which has achieved so much in this field within the past few

years, would have enabled us to recognize some tolerably constant relation between physical conformation and certain manifestations of character. If there is anything settled, it is that there is no certain correlation between morals and matter. The doctrine of evolution teaches that the development of an organ is dependent upon its use, and that where there is need, an organ is developed to supply the want. But it also as clearly points out the fact that no organ continues to be developed when it ceases to be used, and cites the instance of the spur on the leg of the cock, which, after domestication, becomes a mere rudimentary organ. We know that great rapidity and accuracy of muscular movement are seen in the pianist after long practice, and that disuse causes loss of skill and of strength. Analogy seems to indicate that in the human being there is a highly developed brain *because there is a mind to use it*, and in this way does evolution refute the doctrine of materialism.

When we consider the brilliancy of the best minds, the power which great intellectual development gives, we can but be humiliated at the thought that this is after all dependent in a great measure upon good digestion, pure air, refreshing sleep and a comfortable temperature. Examples of this truth readily come to mind, and we are particularly struck with it if we search the pages of history. The men most distinguished in English literature, as a rule, possessed strong and healthy bodies, and largely because of this fact were enabled to accomplish what they did.

Newton went through his course of mathematical investigations unhampered by a single day's illness. Bacon had a physical constitution strong beyond that of most men, and the nice discernment of character which has made Shakespeare the poet for all time

could have come only from perceptions never disturbed by ill health. Burke scarcely ever lost a day from ill health. Walter Scott with a strong body trained by daily habits of exercise and recreation, was enabled to sustain a long career than which there is no more brilliant in the annals of literature. Indeed in every vocation the best results are obtained when there is continued good health.

The success of great military enterprises is often determined by the physical vigor of the general. How great this was in the case of Wellington is shown by the fact that the rest he craved amid the cares of the camp was to follow the hounds, and after spending the day in active hostilities he is known to have retired to his tent and to have written a masterly article on the establishment of the National Bank in Portugal.

Napoleon seemed to have a body that knew no fatigue. He was as untiring in the council chamber as in the field, and yet he once suffered such pain upon the field of Borodino, where his fate depended upon the result, that he learned of the progress of the battle without interest or emotion, and here he met his first decisive check.

It will of course occur to you that many equally distinguished in literature and statesmanship were so unfortunate as to be hampered during their entire lives by frail bodies. Such were Pascal, Cowper, Channing and Robert Hall. The list, however, if complete would be comparatively small, only large enough to make an exception to a very general rule.

If we therefore say that the normal development and expression of mind is so largely dependent upon physical strength, then in the subject of mental hygiene, must be included all those conditions which are necessary to bodily health.

To begin at the beginning the question of heredity is first suggested. This purely medical phase of the question I must pass over here for I fear you would not be interested in it, and I merely remark that the tendency of modern scientific research is to release us from many bonds we have hitherto believed were placed upon us by our ancestors, and thus to make each individual more and more responsible for his own state of mind and body.

That early training plays a most important part in securing both sound bodies and sane minds no one will deny; the only question is, what kind of early training will best secure mental stability and strength. No boy, even with a healthy body, can be crowded and filled with facts and no attempt be made by him to assort his facts and draw rational conclusions from them, without giving him an unbalanced and unwieldy sort of mind. A little knowledge clearly held in the mind and ready for use is a great power. Schooling is not so much for the thing taught as for the mental development that comes in the process of learning. It is undoubtedly a mistaken tendency of this commercial age to abandon the classics and in their stead to teach more modern things to boys, because the modern things have a commercial value. It is of no use to store a mind with knowledge of the most useful kind unless there be at the same time developed the power of observation and reasoning.

The world is full of men whose minds are richly stored with facts, whose memories are wonderfully trained, and who are not able to occupy places of importance, because they do not know the relative value or the proper use of the knowledge they possess.

Common sense is regarded all the world over as of more value than technical knowledge of any kind, and

yet common sense is nothing more than an equal development of all the mental faculties.

The aim then of early training should be not only to impart such knowledge as shall be useful in the affairs of life, but also—and it seems to me chiefly—to evenly develop the mental faculties. If a child shows a remarkable memory, the mistake is usually made of allowing and assisting the child to tax this faculty to its utmost, and thus to dwarf other and more important faculties of the mind, especially those of observation and reasoning. This is the precocious child that very rarely makes a strong-minded or long-lived man.

The faculty of remembering is not one of the highest of the intellectual powers or functions. Even idiots with slow and imperfect apprehension are often seen to perform real feats of memory, while the dog and the horse exhibit a marked capacity for recollecting their associations with persons and places and events after a long interval of time has elapsed. The powers of observation and of reasoning are much higher and more necessary in man, and therefore, ought to secure a larger share of attention in the training of young minds. For this reason the kindergarten method is infinitely superior to mere didactic teaching.

Children with vivid imaginations need more careful training of the memory and more cultivation of the habit of observation. If a highly imaginative child is given ghost stories, fairy tales and extravagant myths, and later, the trashy novel, the tendency is to make the man live in an unreal world and render him visionary and unstable. These persons when young often form the habit of day dreaming, a habit that is always bad. It is more commonly found in minds that are not of the highest order, and often prevents the attention being placed

upon those things that would enable the individual to improve his condition and lot.

Thus, while about their duties or at their studies these youths carry on in their minds a play, the chief figure, the hero, the heroine, the altogether desirable character being taken by themselves, and about this central figure they weave all sorts of incidents contributing to their vanity. I am convinced this pernicious habit is carried far beyond juvenile years, and that besides wasting much time and dissipating mental energy, it strengthens one's egotism and causes a distaste for the wholesome duties and pleasures of life.

This does not include the worse vice of developing a prurient and unclean imagination either by bad associations or by bad books, a thing too common and too well understood to require any further mention here. But simple, innocent day dreaming I am sure plays no unimportant part in warping the judgment, in causing offensive egotism and in relaxing the control over the emotions.

I recently saw a young man, richly endowed both by nature and by fortune, who had no vices, whose associations had always been pure and refining, and who, when urged by me to take some outdoor exercise because of a trifling ailment, said that he found no pleasure in exercise, disliked driving, cared little for books, and less for society. I then tried to find what his amusements were, for he was not insane and scarcely morbid. His answer was that he spent his time chiefly in day-dreaming. He was egotistical, self-satisfied, with no ambition and scarcely any aims in life, and I need hardly say, he was a man of no sort of influence in any community.

The dreamers are to be found in every walk in life. The dull and uninterested apprentice who dreams of

the splendors of luxurious idleness instead of applying his energies to the business in hand, makes a poor mechanic and attributes his want of success in after life to the oppression of the rich. The apathetic and listless clerk filled with thoughts not connected with his duties, fails to command a better place, and continues to be somebody's drudge through life. The inactive student, who builds castles in the air instead of conjugating his verbs, finds practical success in life eluding him, and he turns to vinegar, rails at fate, and abuses more successful men. The scholar, who lives in a world created by his own imagination, gets into a profession to find it crowded by better men, and turns to dissipation in some of its many forms to relieve his disappointed egotism. All these are familiar enough examples of the result of this unhealthy mental activity. The young girl who indulges the habit of day-dreaming, and keeps before her satisfied imagination the picture of herself surrounded by luxuries and fineries far beyond her actual lot in life, in this manner whiles away many an hour that would otherwise perhaps be irksome, but she also comes to place a false value upon mere show and external splendor, and to be dissatisfied with the commonplace duties and pleasures of life. She may perchance try to realize some of the pleasures of her own fanciful pictures by little adventures not approved by older heads, and may lose in a day what she can not regain in years; or it may be she is sought in marriage by a worthy and substantial man in her own sphere, and refuses him because he can not place her amid the splendors her roving imagination has painted. Her reason tells her she is wrong, her friends wonder at her decision, but she is haunted by a vision created by her unbridled fancy, and she lives to regret the habit of day-dreaming which thwarted her destiny.

These things are not the result of fate or chance, but rather the legitimate results of the dwarfing of the higher mental faculties and an over development of its lower powers. Cramming and straining of brains develop activity, but not strength and stability, and excepting in those cases where there are unusual endowments the process is likely to be followed by mental squints, moral obliquities and perversions, from which the cranks, the nihilists, anarchists and dynamiters are made.

What is the cure for this day-dreaming? Timely advice given by parents and teachers may do much to prevent the habit, while the cultivation of other faculties of the mind not directly related to imagination will prevent the surrender of the individual to any mental habit that is deleterious. Education should repress tendencies as well as draw out powers. The powers of observation must be stimulated by interesting children in outdoor amusements, that they may learn to love animals and flowers, and become acquainted with the processes of nature. I have observed that the boys most interested in horses, dogs, rabbits and birds, and later in field sports, in fishing, in botanical or geological studies, usually become practical and efficient men with well poised intellects. Nothing is more calculated to promote not only the healthy growth of the body, but also the symmetrical development of mind than an early and intimate association with nature.

It is a singular fact that in all large cities in this country, as often as every third generation, the large interests and the learned professions pass into the hands of men who were born and bred in the country. Name over the men in our city who are to-day the representative men in business, and see how few were born in the city and inherited their success.

This argues that the luxury and the temptations of the city wreck many men before they arrive at the period of their greatest possible usefulness, but it also demonstrates what to me is as significant a fact, that the country life for the child and the youth develops the habit of observation and of reasoning, which makes the strongest kind of a mind. In England the climate, the social distinctions and differences in manner of life, very materially alter the case.

It has been stated that mind is distinguished by three attributes—intellect, volition, and feeling. Feeling embraces all our pleasures and pains. Aside from muscular feeling and the sensation of the senses there remains the large and important element of feeling called the emotions. The part played by the emotions in the formation of character, as well as in the preservation of bodily health, can not be over estimated, and in any talk on mental hygiene, must be carefully considered both as to their development, their direction and their control. That volition and intellect are much higher qualities no one can deny, and yet we all know that in a large proportion of individuals the emotions override the one and pervert the other. The operations of the will are something distinct from our emotions, yet in every instance the primary cause of the volition is an emotion.

The influences of fear, of desire, of love have everything to do in determining our belief. If we fear an object, the evil it can do us is usually exaggerated in our minds. If we love an object we are proverbially blind to its defects, or if we hate an object we are equally oblivious to the good qualities, and thus do our emotions lord it over our intellects.

The anticipation of pleasure or the desire for acquisition of property precedes in my mind the

determination to go forth in pursuit, and thus our conduct is largely ruled by our pleasures and pains through our emotions.

Uncontrolled emotions strike us with intellectual blindness, preventing us for the moment from calculating the advantages or disadvantages of a line of conduct, and in this state we are guilty of our greatest imprudences.

The emotion of fear exhibits the greatness of its power over us by inducing the most irrational beliefs. I have known persons to allow themselves to fall so completely under the control of fear of pain, fear of sickness or of death, that an ordinarily good judgment has been completely overthrown, and they sought remedies and means of relief that are repugnant to reason. How often do we hear men revile quack nostrums, expose the vileness of some impostor, disclaim all belief in clairvoyance, mind-reading, faith cure, &c., and yet when threatened with some sickness or alarmed at some obscure sensation, they first brood over the matter, then become terror-stricken, and next seek consolation from one or from all these sources! They are honest enough in both instances, but have not the power or the skill to escape the thralldom of this emotion, and are duped and cheated in their weakness. Actual experience or total failure to secure the desired result does not seem to deter them in the presence of the next wave of terror from trying the same thing over and over again.

The term suspicion expresses the operation of fear on belief. The inception is an alarm that disturbs confidence, and we distrust objects and persons never before doubted. In this state of mind slight incidents are looked upon as ill omens, foreboding our ruin. As affecting our conduct towards others this form of fear is most disastrous. Many slanderous stories are started

by men whose morbid suspicions magnified some trifling act or look, and innocent persons are made to suffer. It is our obvious duty, when we find ourselves in this frame of mind, to correct by our judgment the error this emotion would lead us into, just as much as it is to resist the impulse to lie or to steal.

In extreme cases of anger this one emotion may acquire such control of the individual as to lead to words and to acts the most debasing and calamitous. The falsehoods, mistakes and confusions growing out of untrained emotions are seen in every relation of life. Individuals and races may differ much as to the kind of emotions that predominate, even as the strength of an emotion differs in individuals, and yet the control and direction of them is largely a matter of habit and training. In so far, therefore, as they may be made subservient to the will and be regulated by reason, are we responsible for their manifestation.

An acquaintance of mine whose generous nature and genuine goodness of heart endears him to every one that knows him, was one day walking with his wife and daughter, when they met a man of whom they had just been speaking, and who had meanly treated his own child. Leaving the ladies a moment he turned and struck the man a blow that felled him to the ground. Of course his family was surprised, and I could hardly credit the statement; and yet this placid, evenly-balanced man told me he once in college became so angry at a fellow-student that murder was in his heart and almost on his hands. That the horror he felt as he contemplated the fact afterward made him resolutely set about the control of this emotion, and such has been his success that if an example of perfect temper was sought for I venture to say he of all his neighbors would be chosen. It is generally conceded

by old soldiers that the best men in a charge were not the thoughtless ones, nor yet the bravadoes who never acknowledged fear, but the thoughtful, well-trained men, who felt the responsibility upon them. Such men rarely say they never felt fear.

There is a well authenticated anecdote of a renowned general who on reading the inscription of a tombstone, "here lies a man who never felt fear," remarked, "then he never snuffed a candle with his fingers."

General Grant in a recent magazine article speaks of a body of skulkers from the raw regiments he once saw at a battle, and says they undoubtedly afterwards made as brave soldiers as our army produced.

How many merchants and clerks can you recall who are naturally hot tempered and irascible, and who have so trained themselves to habits of self-control that the most impertinent buyer, the most patronizing and offensive customer, or the most insolent inspector of goods fails to develop the slightest outward manifestation of anger. How many times have you felt the tender passion rising within you, when your reason said it would be madness to allow it, and your will has been strong enough to stifle it. Sentimental people are always making excuses for those who fail to govern their emotions, and are constantly saying, "Poor fellow, he can not help it, he was born so." Do not believe this. The emotions are not beyond our control.

Failure, complete or in part, must suggest to us that our bodies are not right, that the brain is in some way being interfered with in its action. In this case, having set our livers in order and having coaxed the digestion back to duty, and having secured sleep and food, if we then fail to maintain our control after an honest effort, we may seriously apprehend the approach of disease.

One man may have a more excitable temper than

another, may be generally more emotional, but if he can not (mind I do not say will not) control himself—if he is at the mercy of his emotions—then he is either imbecile, delirious or crazy. He ought to be properly cared for, either as an imbecile who does not know enough, or as a sick man who can not exercise the powers God gave him.

Narcotics, which disturb the action of the brain, and stimulants which pervert its action are potent causes not only of bodily disease, but also through their direct effect on the brain, of abnormal sensations and feelings, and then of excited emotions.

A friend of mine, the embodiment of goodness, became a dyspeptic, and still he would dine out every Sunday afternoon at the house of a friend, the result being that every Monday he had to be avoided, for his temper bore an exact ratio to his digestion.

I am often besought to repair frail bodies with the remark, "I am getting so cross no one can live with me." All this goes to show that excited, uncontrolled emotions mean bad hygienic conditions, and it is our duty to look sharp that the body is in perfect health, and then to pay proper attention to the acquirement of a habit of control. Persons who are not trained to this habit in youth suffer incalculably because they when young are unstable, unmindful of others' feelings, and therefore troublesome and are avoided, while later in life, unless through the blessing of some bitter experience they are made to feel the necessity of training themselves, they fail to attain the places their other mental faculties entitle them to.

A curious law regarding the emotions is this: They have a regular period of rise, of climax and of subsidence. At the climax our volition and will seem to be in abeyance, hence our success in preventing this dis-

aster must largely depend upon our alertness in putting on the brakes early. We may justly be blamed if we fail to do this. As in law I may not be made to suffer loss because of another man's failure in duty, so in society I must not be made the loser because another man does not control his emotion of anger or desire for revenge so as to interfere with my happiness and peace of mind. I have no patience with sane and well people who constantly wound the feelings of others and shock the sensibilities by explosions of temper. Uncontrolled temper is certainly as bad for the community as is lying or petty theft, and is more detrimental to the mental organism of the individual.

Of this question of the emotions there is no difficulty in making a practical application to our needs as a civilized race in respect to our health.

I have emphasized the dependency of the mind upon a healthy brain—a generally sound body—but I am sure we may, with stronger emphasis, declare that the body has an equal dependency upon the mind.

Take the commonest examples of the result of mental energy upon physical power and endurance. The determination to succeed or the fear of punishment will compel the most ordinary body to feats of strength that no one supposed possible. The tender love of the mother stimulates her will to endure fatigue, loss of sleep and pain that would seem incredible.

Or take examples of the direct effect of the emotions upon bodily functions. How does a great mental shock or sudden fear blanch the face and cause the perspiration to ooze from every pore, and even cause the blood to recede from the brain till we faint into unconsciousness? How do the tears flow at a pathetic sight or tale, or how does mere nervousness affect the kidneys? How does worry or almost any mental emotion interfere with

the digestion, and if persisted in, induce the habit of dyspepsia? So, also, the thought of a good dinner makes the hungry boy's mouth water, and the thought of her lover sends a glow of warmth to the cheek of the maiden. It is not difficult to so concentrate your thoughts upon an object that you will be wholly unconscious of considerable muscular effort, as in table turning tricks and in planchette. You may imagine you are about to suffer pain in a given member and think of it till pain actually comes. Very few medical students go through their course of study without experiencing the symptoms of the disease they read about. Every physician expects to examine the heart of his medical student and sometimes to find it irregular in its beat and actually giving symptoms of disease, because the attention has been so long fixed upon this organ. Expectant attention may so obliterate not only our special senses, but also our volition that we become automatic and subject to another's command, as is seen in mesmerism. Grief, anxiety, fear and even hate not only transform our countenances and change our demeanor, but also interfere with bodily function so as to prevent nutrition, and even induce disease.

Predominating intellectual work and continued nervous excitement so alter bodily conditions as even to change the type of a race and modify the diseases it is subject to. It has been observed by physicians for years past, that many new and some hitherto rare diseases of the nervous system have become very common, and that the type of many of the common disorders of the body has materially changed, so that diseases that were known by our forefathers and accurately described by them have a totally different aspect as to symptoms, cause and requirements in the matter of management.

The old saying "feed a cold and starve a fever," is a fair indication of the practice common in earlier times of treating people with fevers and inflammations, by a low diet and generally depleting management, a course which to-day would kill nine patients out of ten. We get but slightly better results in the treatment of the commoner affections of the body, such as fevers, inflammations and consumption than did our forefathers with all their crude ideas and with all their accumulated knowledge and scientific attainments. The reason for this is found in the changed conditions of the human body, brought about by an over-developed and preponderating nervous organization.

The many inventions which man has sought out, the ingenious and marvelous devices which almost annihilate space, tend to develop, not particularly his body which becomes ever less vigorous under artificial conditions, but the brain and the nerves are kept in such a state of tension that but slight bodily disturbances cause mental and nervous phenomena unheard of in olden times.

The railroad, the telegraph, the telephone, all tend to mental activity and bodily rest, and it is not strange that an overtaxed brain and a constantly excited nervous organization should make the body more vulnerable to disease. Take for example the merchant who at middle life, mainly by his own exertions, finds himself at the head of a large business which requires unremitting attention and great energy to keep it abreast with the demands of the times, and let him from exposure contract pneumonia, does any one suppose his chances are as good as those of the country grocer with the same disease? Does any one suppose his chances would be worth anything under the old system of bleeding and general depletion which our forefathers

practiced, and with fair success too, upon the same disease.

The cause of much of the formation, decay and nervous exhaustion is in the many inventions of man whereby he keeps his nervous system in a perpetual state of tension and is robbed of necessary repose. Nature seems to exact time for rest, and for repair of wasted energy after mental work, as well as after bodily labor. I do not refer to sleep alone, but to a change of occupation and interest which shall bring into play a new set of faculties.

The laborer rests while he reads or studies, the banker rests and keeps his mental powers at their best by devoting certain hours to literature or to science, while the preacher does more effective work if he mingles in the practical affairs of life with business men. The better class of public entertainments has its place not only as a matter of education, but as a means of breaking in upon minds that are kept in a single channel of thought until the brain is weary from over tension. Indeed, the whole subject of amusements comes in here for consideration, and I am confident if more attention could be paid to it, there would be far less of what is now known as the new disease, American nervousness.

It is a singular fact that country doctors, as a class, outlive every other class of men. And yet no life is so exciting, so full of peril, of anxiety and responsibility, and upon which the demands are so exacting, except, perhaps, that of the soldier in time of war. He meets single-handed and alone the enemy, he calculates his chances of success or failure with the feeling of responsibility which can only be felt where human life is at stake. He is daily confronted by emergencies which call for his best efforts, and for all his steadiness of nerve and coolness of judgment. He knows that

sometimes the disease is fatal, and that he will be blamed even though he has done his full duty, and that often his best achievements will not be appreciated.

What then is the explanation of his well known immunity from contagion and his long life? It is that he combines bodily exercise with mental work, that he is much in the open air, and that he finds relief and relaxation in considering the lesser and insignificant ailments, while carrying the responsibility of graver conditions, and that thus there is relaxation of the mental tension.

Many a useful life is hastened to premature ending by the constantly overstrained and exhausted condition of nerve force caused by continuous weeks of business with hasty meals, by telegrams and telephones that interrupt hours that ought to be set aside for repose, the needless noises of the city, and by nights of imperfect sleep, often disturbed by noisy brawlers and hideous sounds. How much resisting power can there be in men living under such conditions when an epidemic comes, and there are the germs of cholera or malaria in the air they breathe?

We know that perfectly healthy tissues and rich blood do not furnish the best conditions for the growth and reproduction of disease germs, even in life, if the germs lodge within the body. The blood being a vitalized fluid has the power of appropriating its own nutrition and of throwing off waste and deleterious matter. If, however, from any nerve innervation caused by fear, by anxiety, or by exhaustion, the secretions are perverted and unhealthy, and the membranes relaxed, then the lodgment of the germ of pestilence is followed by the rapid development of disease. A well poised nervous system is the best security against dyspepsia.

Abundant and healthy gastric juice is never secreted during great nervous strain or emotional excitement. Both Koch and Klein have lately shown that even the comma bacillus, the infectious element of cholera, can not live in perfectly healthy gastric juice. If this is true concerning the much dreaded germ of cholera, it is certainly true of less noxious germs. In a time of prevailing sickness of any kind, but especially in epidemics, dependent upon disease germs, the timid, the nervously exhausted and overtaxed fall first, while men with healthy digestions and stable nerves go about with comparative impunity. Despite all our recently acquired knowledge of spores in the air, fungi, bacilli and other microscopic organisms in the water we drink and the food we eat, it is still true that some of us continue to live, though we can not escape their contact, and the explanation is that we have the nervous energy to supply our tissues with the power of resistance.

Obviously then the preparation we should make to resist an epidemic such as cholera, is not only proper sanitary arrangements, but also, and I may say chiefly, that attention to mental hygiene, which alone can secure immunity. It is a significant fact that nearly all forms of mental disturbance and even mental trouble are accompanied by symptoms of dyspepsia, and the sufferers attribute their nervousness to bad digestion oftener than to all other causes. The truth is the indigestion is the result not the cause, and if these persons leave their cares, their anxieties and all the harassments of civilization and go into the woods and camp out, they will be able in less than a week to eat with zest and to digest without trouble almost anything at hand.

PYROMANIA (SO-CALLED), WITH REPORT OF A CASE.

BY CHARLES W. PILGRIM, M. D.,
Assistant Physician New York State Lunatic Asylum.

Jessen,* in his exhaustive monograph on *Incendiarism in Mental Affections and Diseases*, gives an interesting historical account of the subject, occupying no fewer than fifty pages. From him we learn that among the first to allude to it was Ernst Platner, who wrote as early as 1797.

The next writer in Germany who treated the subject to any extent was Henke, who wrote in 1802, and also published some interesting illustrative cases in *Kopp's Journal* for 1817. We next find that in 1820, Meckel in his "Contributions to Judicial Psychology," mentions some illustrative cases. He was followed by Masius in 1821, Vogel in 1824, Flemming in *Horn's Archives* for 1830, and Meyn in *Henke's Journal of Legal Medicine* in 1831. Indeed the amount written upon this subject in Germany alone is perfectly surprising.

In France the subject was glanced at in 1826 by Esquirol and Georget under the title of "*Monomanie Instinctive*,"† but it was left to Marc‡ to make a complete investigation of both German and French theories, which he did in 1833, and it is to him that we owe the term pyromania. As an acknowledgment of his work, it is still sometimes spoken of as the "Pyromania of Marc."

* Die Brandstiftungen in Affecten und Geisteskrankheiten. Von Dr. Willers-Jessen: Kiel, 1860.

† Discussions Médico-Légale sur la Folie ou Aliénation Mentale: Paris, 1826.

‡ Annales l'Hygiène Publique: Paris, 1833.

Henke, who wrote quite extensively upon the subject, formulated numerous proofs of its existence as a distinct monomania, which it may be of interest to note:

1. To prove the existence of pyromania, produced by the sexual evolution, the age should correspond with that of puberty, which is between twelve and fifteen. Sometimes, however, it may occur especially in females, as early as the seventh or the tenth year, and, therefore, if the symptoms are well marked, we have a right to attribute them to this cause.

2. There should be present symptoms of irregular development; of marked critical movements, by means of which nature seeks to complete the evolution. These general signs are either a rapid increase of stature, or a less growth and sexual development than is common for the age of the individual; an unusual lassitude and sense of weight and pain in the limbs, glandular swellings, cutaneous eruptions, etc.

3. If within a short time of the incendiary act, there are symptoms of development in the sexual organs, such as efforts of menstruation in girls, they deserve the greatest attention. They will strongly confirm the conclusions that might be drawn from other symptoms, that the work of evolution disturbed the functions of the brain. Any irregularity whatever of the menstrual discharge is a fact of the greatest importance in determining the mental condition of incendiary girls.

4. Symptoms of disturbance in the circulating system, such as the irregularity of the pulse, determination of blood to the head, pains in the head, vertigo, stupor, a sense of oppression and distress in the chest, are indicative in young subjects of an arrest or disturbance of the development of the sexual functions, and therefore require attention.

5. For the same reason symptoms of disturbance in the nervous system, such as trembling, involuntary motion of the muscles, spasms and convulsions of every kind, even to epilepsy, are no less worthy of attention.

6. Even in the absence of all other symptoms, derangement of the intellectual or moral powers would be strong proof, in these cases, of the existence of pyromania. Of the two the latter is far the more common, and is indicated by a change in the normal character. The patient is sometimes irascible, quarrelsome, at others sad, silent, and weeping, without the slightest motive.

He seems to be buried in a profound revery, and suddenly starts up in a fright, cries out in his sleep, etc. These symptoms may have disappeared and reappeared, or degenerated at last into intellectual mania.

7. The absence of positive symptoms of mental disorder, as well as the presence of those which appear to show that the reason is sound is not incompatible with the loss of moral liberty.

Such were the doctrines of Henke, and they were adopted and extended by Marc and recommended by Ray* who was also a firm believer in its independent existence. In support of his theory he quotes the following passage from Marc, which forcibly shows the extent to which this doctrine was advocated by its supporters:

Even when, previously to the incendiary act, they have shown no evident trace of mental alienation, and been capable of attending to their customary duties; when on their examination they have answered pertinently to questions addressed to them; when they have avowed that they were influenced by a desire of revenge; we can not conclude with certainty that they were in the possession of all their moral liberty, and that, consequently, they should incur the full penalty of the crime. These unfortunates may be governed by a single fixed idea, not discovered till after the execution of the criminal act. Pyromania, resulting from a pathological cause, may increase in severity as the cause itself is aggravated, and suddenly be converted into an irresistible propensity, immediately followed by its gratification.†

Gall,‡ Friedreich,§ Fodéré,¶ Prichard¶ and Morel** advanced similar views, and to the former we owe the reports of many cases which have been made to do duty by later writers. The most noted one is that of

* The Medical Jurisprudence of Insanity, § 152.

† Ibid.

‡ Sur les Fonctions du Cerveau, iii, 317-319.

§ Handbuch der gericht. Psychologie, 393-435.

¶ Essai Médico-Légal.

¶ On Diseases of the Nervous System.

** Traité des Maladies Mentales, p. 408.

Maria Franc, who was executed for house-burning, and whose history was first published in a German journal.

She was a peasant of little education, and, in consequence of an unhappy marriage, had abandoned herself to habits of intemperate drinking. In this state a fire occurred in which she had no share. From the moment she witnessed the fearful sight, she felt a desire to fire houses, which, whenever she had drunk a few coppers' worth of spirits, was converted into an irresistible impulse. She could give no other reason, nor show any other motive for firing so many houses than this impulse which drove her to it. Notwithstanding the fear, the terror, and repentance she felt in every instance, she went and did it afresh. In other respects her mind was sound. Within five years she fired twelve houses, and was arrested on the thirteenth attempt.

This case was long considered a typical one of pyromania, but, as is said by Wharton and Stillé, "a close examination of the case of Maria Franc exhibits, as subsequent observers agree, mental disturbance, which, when she was inflamed by the 'few coppers' worth of spirits,' readily took the incendiary type."*

Gradually the theory of its independent existence began to be questioned. It is true that neither Fleming nor Meyn inclined to this doctrine, but when Marc followed with his masterly review, claiming that it was a monomania pure and simple, the ideas of others were discarded and his alone accepted. This doctrine prevailed up to 1844, when Richter, in his "Table of Juvenile Fire-raisers,"† disputed it, and called attention to the abusive extension in this connection of the period of puberty, which by some was considered to range from the age of eight to twenty-two.

In 1846 he was followed by Casper,‡ who, under the title of "On the Hobgoblin called the Morbid Impulse to Fire-raising," related thirteen cases of so-called pyro-

* Medical Jurisprudence, p. 583.

† *Ueber jugendliche Brandstifter.*

‡ Casper's *Denkwürdigkeiten zur medicinischen Statistik und Staatsarzneikunde*: Berlin, 1846, S. 257-392.

mania, and did much to overthrow the doctrine of Marc. From the facts and criminal statistics there presented, he arrived at the conclusion that "there has seldom been any doctrine in psychology which has taken less from nature, or from life, or which has been more purely evolved at the desk from superficially examined and irrelevant facts, and which has thus become a tradition, than the notorious doctrine of the morbid propensity to fire-raising."

Jessen, to whose extensive *résumé* of this subject reference has already been made, carefully distinguishes between the cases in which there was a motive, more or less marked, and those which arose from a recognized insane condition. Although admitting its existence as a *reasoning mania*, he demurs to its occurrence in an *instinctive* form, which theory is strongly contended for by Dr. Morel in his systematic treatise on Mental Diseases,* published in the same year.

Griesinger adopts the views of Casper, and in his characteristic and forcible language says:

Away, then, with the term Pyromania, and let there be a careful investigation in every case into the individual psychological peculiarities which lie at the bottom and give rise to this impulse. The grand question *in foro*, in all such cases, must ever be to ascertain whether there existed a state of disease which limited, or could have limited, the liberty of the individual. Sometimes, the symptoms of undoubted mental disease can be clearly distinguished—a dominant feeling of anxiety, hallucinations, states of hysterical exaltation; in other cases, the actual existence of a nervous disease (epilepsy or chorea) renders probable the assumption that the accused has been subject to some passing mental aberration. We should not forget that usually very little is wanted to interfere with the liberty of action in such persons; they are, for the most part, young, childish or half childish, often morally and intellectually weak, silly, and capricious individuals. The incendiary act often appears to be utterly without any

* *Traité des Maladies Mentales*, p. 408.

motive—the feeble *ego* having opposed no resistance to the thought of the deed which suddenly sprang up.

Of course there are also cases where the insane set fire to buildings under the impulse of motives very different. Jonathan Martin, who burned the Cathedral of York, was not a melancholic, but was evidently laboring under chronic partial dementia, and it was in consequence of his hallucinations that he sought “to purge the house of the Lord of the unworthy priests” who dwelt in it. To include this case under the title of “Pyromania,” (e. g., Pinel, “*Path. Cérébr.*,” p. 328,) is the necessary, but evil, result of a superficial classification.*

In this connection it is well to remember that the insane often display a fondness for playing with fire just as they manifest other mischievous or destructive tendencies. It is also not an uncommon thing for an inmate of an asylum to make repeated attempts to burn the building in the hope that his escape may be made during the excitement. A patient of this kind recently set fire to one of the buildings of the New York City Lunatic Asylum on Ward’s Island, and there are few asylum officers who can not recall similar experiences in their own institutions. Such cases have done much towards swelling the list of the cases of so-called pyromania, as will be seen by a reference to the writings of Friedreich, Marc and others, on this subject.

Krafft-Ebing, whose authority in matters of this kind is unquestioned, says: “Incendiarism, through psychical disease is always a symptom of such disease, though variously induced. With persons suffering from nostalgia and melancholia, it is prompted by terror and sensual delusions; with maniacs, by insane conceptions; with idiots, by childish pleasure in fire, or diseased passion (revenge). With youthful culprits the crime is more frequent, because it requires no courage, and is easily committed.”

* Griesinger on Mental Diseases, New Sydenham ed., p. 270.

In this same connection he also says: "The doctrine of monomania is to-day rightly abandoned. It is based on the erroneous assumption that the psychological faculties are separate from each other, and capable of isolated action."*

Still later, in January, 1871, Dr. Flechner, who for thirteen years had been a judicial physician, stated before the Vienna Society for Psychiatry† that he had never seen a case which seemed to justify the recognition of a form of insanity that could be consistently characterized as pyromania, and that from a study of the cases which had come under his notice, and from an unbiased reading of the believers in pyromania he could endorse the opinion of Ideler, who considered it "an abstraction, of which the judicial physician has no need."

In the preceding pages an attempt has been made to trace the views of the best authorities on this subject, not by mentioning all who have written upon it, but by quoting from representative writers in sufficient length to show how firmly the doctrine that pyromania was a specific form of insane irresponsibility was once believed in, the gradual change of opinion, and its final abandonment.

Bucknill and Tuke‡ adopt the following classification:

1. Cases with no marked disorder of the intellect, with or without premeditation and design, and
2. Cases with marked disorder of the intellect, in which there is either a deficiency of development, such as idiocy, or imbecility, or in which there are delusions, hallucinations, etc., constituting the motive.

* Krafft-Ebing on *Wahnsinn* in Holtzendorff's *Encyclopaedia*, (1871.)

† 5 *Journ. Psyc. Med.*, 605.

‡ *Psychological Medicine*, p. 286.

The case reported below would appear to be an almost typical example of the first division, and is presented as a contribution to the literature of this interesting subject :

The patient, W. E. H., male, aged 16, was admitted into the New York State Lunatic Asylum, September 3, 1884, with the following history: The patient's mother was a nervous, garrulous and rather feeble-minded woman. His father was this woman's second husband, and is said to have been a man of good character and habits. Owing to family disagreements they separated when the patient was two years of age and nothing afterward was heard of him. The mother of the patient again married about two years before the latter's admission.

The boy was always of fair health, had never had convulsions of any kind, was fond of light reading and music, and was of kind, though mischievous disposition. His life up to the age of fifteen was uneventful and monotonous, and much like that of other country boys. When questioned upon the subject, he said that he had only seen one large conflagration, which was the burning of a barn, and that he had never manifested any fondness for playing with fire.

In September, 1883, the roof of his grandfather's house caught fire from the chimney. It was easily extinguished, but, he said, he immediately conceived the idea of setting it on fire again, and shortly afterwards, when unobserved, did so. He insisted that it was a sudden impulse, and that he had no reason, save that of excitement, for doing it, as his grandfather, with whom he lived, had always been very kind to him. The damage was slight. Within the next eight weeks he repeated this action on no less than seven different occasions. Each time he started the fire in the very same place, and just as soon as the flames got

under way, he would give the alarm and work as hard as any one to subdue them. He said that after each attempt he would be filled with remorse and would work and earn money enough to buy shingles to replace the ones he had destroyed. His mother and grandfather, after the third or fourth repetition learned the cause of the frequent fires, but they carefully guarded their knowledge, fearing that a disclosure of it would result in his legal punishment.

In March, following, he was sent to Michigan to live with some relatives, but they were not informed of his dangerous tendencies. A couple of weeks after his arrival he set fire to an old log house, and sometime afterward to a barn. He said that he was not suspected at first, but that his conscience troubled him and he asked so many questions in order to see if they really had any idea that he was the culprit, that they finally suspected him and induced him to confess. He was then arrested at the instigation of the insurance company in which the owner of the property was insured. Two physicians examined him, and when they learned his record they certified to his insanity, and he was sent back to his old home in New York State. The neighbors there became afraid of him, and made complaint to the authorities, which resulted in an order for his removal to the asylum.

His mother said that up to the age of thirteen he was a somnambulist, getting up and wandering around the room, while asleep, about once a month. The boy himself admitted having practiced masturbation from the age of twelve up to fifteen, at which time he averred he conquered the habit.

The patient remained in the asylum under careful observation for nearly four months, and during that time manifested absolutely no symptom of insanity.

He was particularly anxious to please everyone and to gain the good opinion of the medical officers, and was in every respect an exemplary patient. It is true that he appeared to be of rather unstable nervous organization and weak will, being easily influenced either for good or evil, but it can not be doubted, that he was entirely sane, and perfectly responsible for his acts. He had always been mischievous and fond of excitement, and on no other grounds, inadequate though they may seem, can his actions be explained.

Such cases are by no means rare, and undoubtedly, as Casper* suggests, the application of the penal law was often misdirected when the belief was general in a specific morbid propensity to burn.

Up to 1851, there was a law in Austria by which all youthful incendiaries were handed over to the doctors for examination, but upon the representation of the physicians themselves that the theory that it arose from an irresistible impulse and a peculiar organization was exploded, the law was repealed, and the experience of more than quarter of a century since has not demonstrated that the repeal of this law was either premature or unwise.

We must, therefore, conclude that there is no such psychological entity as pyromania, and that an incendiary act is either the crime of arson or the symptom of a diseased or ill-developed brain. Indeed, so concurrent is the testimony of all recent authorities in this respect, that one wonders that the contrary view could ever have been held as an established doctrine by the leading alienists of less than fifty years ago.

* Forensic Medicine, New Syd. ed., vol. iv., p. 311

ABSTRACTS AND EXTRACTS.

SYPHILIS OF THE NERVOUS SYSTEM.—Dr. S. G. Webber read an abstract of a paper on this subject before the Boston Society for Medical Improvement, March 10, 1885. The paper will be published in full in the Boston City Hospital Report. From a report of the meeting of this Society, published in the *Boston Medical and Surgical Journal*, March 19, 1885, we learn that Dr. Webber reaches the following conclusions: There is no pathognomonic symptom of syphilis of the nervous system; the diagnosis must be made by grouping the manifestations and viewing them and their history as a whole. Among the more frequent peculiarities is irregularity of the phenomena and their ephemeral nature, disappearing to come again.

Headache is the most common and the earliest symptom of syphilis of the central nervous system, and gives timely warning that the subsequent dangers may be avoided. Its characteristics are severity, with remissions or intermissions. The pain is persistent, or returns again and again. It is often, but by no means always, most severe in the latter part of the day or night. It may be limited or general, unilateral or bilateral. Nausea and dizziness are generally absent.

The ocular nerves are more frequently paralyzed than the other cranial nerves, and in general, paralysis is preceded by headache or trifacial neuralgia. Hemiplegia is less likely to be sudden than to occur gradually, to be intermittent, to be preceded by headache, and to be accompanied by numbness of the same parts.

Syphilis of the spinal cord is less common than cerebral syphilis. Its prognosis is much less favorable, and it also has no pathognomonic symptom. Perhaps many of the cases of locomotor ataxia reported cured, were really cases of syphilitic myelitis. Syphilitic neuritis of peripheral nerves is not common, and is not easily recognized as such. The time at which nervous system appear after the primary sore varies from two and a half months to twenty-five years; the majority coming within three years.

In regard to prognosis, Dr. Webber hesitated to say much. If headache exists alone, or if the symptoms are variable and intermittent, the prospect is fair. If there be organic change recovery is doubtful, although the disease may be arrested. Treatment must be kept up, at least intermittently, in some cases

for years, even after the symptoms have disappeared. Slight cases may be treated with fifteen to twenty grains of iodide of potassium thrice daily, continued many weeks after apparent recovery. In serious cases temporizing is dangerous, and iodide of potassium and mercury should be given in sufficient doses. Of the iodide, from seventy to two hundred and twenty-five grains were given in the cases reported by Dr. Webber. Larger doses have been given by him, but without benefit and without harm. In some cases which have come under Dr. Webber's care small doses were badly borne, but on increasing the dose the unpleasant symptoms disappeared.

THE AGE OF MELANCHOLY.—The prevalence of melancholia, mild or intense, amongst the cultivated classes, and especially amongst educated and reflective men in these days, would, there are good grounds for believing, seem portentous, could it only be faithfully set forth. Could the secrets of some case books be revealed, it would be found that men in high places, professional men in active employment, business men in prosperous circumstances, literary men, who are delighting the world with their wit and genius, artists who are illuminating life with glowing colours, students who are gaining prizes and distinctions, tradesmen who have climbed to success on the ruin heaps of competition, and idlers who have only to amuse themselves, are all visited by melancholy, revealed only to their doctors and sometimes to their domestic circle, which darkens existence as with terrible storm clouds now and then, or robs it persistently of brightness, reducing it to a monotonous leaden gloom. Behind many a "shining morning face" there is deep, dull wretchedness; under many a stolid exterior there is racking, mental misery. A curious yet familiar sight it is to see the mask suddenly cast aside in the consulting room, and the face that but a minute ago was cheerful or serene, gather into an expression of suffering or despair, as the skeleton in the cupboard is disclosed. We are all meeting in daily life victims of morbid melancholy, whom we should as soon suspect of being afflicted with small-pox or jaundice, but who are even in our presence struggling beneath a load of it, and who, when we leave them, sink nigh exhausted by the efforts required for its concealment. Could we in invisible companionship follow home that friend who has delighted us at the dinner table by his brilliant conversation, we should perhaps see him throw himself in

his chair, in his dark study, and sit for hours, absorbed in vague dismal thought. Could we thus pursue the judge who has won our admiration in Court by the logical precision and ethical propriety with which he has distinguished the offences of the criminals brought before him, we should perhaps find him pacing the floor of his bedroom and wringing his hands under the horrible, if fictitious, conviction that he is himself more guilty and steeped in sin than the wretches he has sent to penal servitude. Could we keep watch over that popular preacher, who has stirred us by his fervid words, and strengthened the foundations of our faith by his confident dogmatism, we should observe him perhaps tossing sleepless and distressed throughout the livelong night, haunted by doubts and perplexities, and by the incessant whisperings of a voice which asks—

Were it not better not to be,
Than live so full of misery?

Could we in disembodiment remain a little with that good physician who has just given us such sound advice, and urged us to fight against the despondency for which we have consulted him, we should perceive him, perhaps, as soon as he has dismissed his patients, hurry off to the house of a brother practitioner and pour forth in his ear, with tremulous anxiety, a description of the hopeless disease from which he conceives himself to be suffering, and which exist only in his hypochondriac fancy.

Women, less speculative than men, less egoistic and analytic, and more sympathetic and effusive, although specially liable to certain forms of melancholia of a marked type connected with functional conditions, are certainly less frequently affected than men with that special kind of melancholy which grows out of psychical experiences, which Aristotle pronounced the special appanage of genius, and which men of genius with as little in common as John Stuart Mill, Robert Burns, Thomas Carlyle and James Watt have all suffered from. But of course they are not altogether exempt from thought-bred melancholy, and some will say that it is becoming daily more common to meet women who have missed their way in life, and become, instead of busy, happy wives and mothers, solitary and discontented blue-stockings, affected with life-loathing or melancholia, short of actual insanity in some of its allotropic forms, those forms which are as varied as the flights of imagination and the pathways of reflection.

Statisticians tell us that suicides are rapidly increasing in fre-

quency over the whole of western Europe, and from this fact alone we might infer that melancholy is strengthening her hold on the age in which we live, if indeed she has not "marked it for her own." Behind every suicide there are perhaps a thousand melancholics. Each suicide is but the apex of a huge pyramid of mental despondency. And yet it would be a mistake to suppose that suicide is invariably an expression of melancholy of the most intense description. They who resort to self-destruction are not always those who have suffered most. They are those rather who are at one and the same time sensitive and impatient, and are feeble in forethought and self-control. The man of intellect and force of character goes on bravely battling with his spiritual enemies, while facile and feeble-minded men succumb to them at once. Coroners' juries are often puzzled by the utter inadequacy of the alleged causes on any rational hypothesis, to account for a suicidal act, and by the absence of evidence of any decided depression immediately preceding it. A man some time ago committed suicide because he had lost his umbrella; and only last week a promising youth, on the vestibule of life and an honorable profession, and with friends ready to help him, blew out his brains for no better reason than that he had run up a long bill at a hostelry, and got into debt to the amount of about a hundred pounds. On the other hand, medical experience will attest that men of great power of endurance and strong will have gone on for years fighting with the most excruciating mental anguish, and have either subdued it at last or contended with it to the bitter end. Good and able men have been driven to seek refuge in suicide from intolerable phrenalgia, but as a rule, perhaps, those who take away their own lives are not of the most robust mental constitution.

Any attempt to trace out the causes of the growing melancholy of the age in which we live, and to indicate its pathological relations, must be reserved for another occasion. Our present purpose has been merely to call attention to the fact that the shadow is deepening and lengthening. That this is so, few who look around with discerning eyes can doubt. The spirit of melancholy is abroad. *L'Allegro* is being driven from our shores, and *Il Penseroso* is in the ascendant. Anxious forebodings wrinkle many brows. We have lugubrious art. The beauty of our women is pathetic. Our wit is cynical, and even our humour has in it a tinge of sadness.—*Medical Times*, January 10, 1885.

DR. FOVILLE ON SCOTCH ASYLUMS.—Dr. Achille Foville, Inspector-General of the Administrative Service to the Minister of the Interior, has recently published an exhaustive and exceedingly interesting Report on English and Scotch Asylums, in which he embodies the result of labors performed during the years 1881 and 1883, in behalf of the French Government. We present the following translation of his remarks on Scotch Asylums:

“One of the most characteristic features of the Scotch lunacy system is, on the one hand, the very small number of private asylums and of patients placed in these latter, and, on the other hand, by a natural reciprocity, the large proportion of non-indigent insane, of those whom we call in France *pensionnaires*, who are placed in public establishments and almost exclusively in Royal Asylums. With regard to the indigent insane, there is not one whose treatment is confided to private enterprise, all being placed in public establishments.

These considerations, according to alienists well qualified to give an opinion, constitute a superiority of importance in favor of Scotland. It is a point on which Dr. Lockhart Robertson laid particular stress in his presidential address before the Section of Mental Diseases at the London Medical Congress, and I now give the table that he presented to show in relief the comparative practice of the two countries.

WHERE CONFINED.	ENGLAND.		SCOTLAND.	
	Private.	Pauper.	Private.	Pauper.
In Public Asylums, . . .	49 per cent.	63 per cent.	84 per cent.	73.7 per cent.
In Private Asylums, . . .	43 “ “	1.6 “ “	9.5 “ “
In Workhouses,	26 “ “	8.5 “ “
In Private Houses, . . .	8 “ “	9.4 “ “	6.5 “ “	17.8 “ “
Total,	100 “ “	100 “ “	100 “ “	100 “ “

“This table,” he adds, “shows in a striking manner the difference which exists in the method of placing and treating patients in the two countries. In England, 43 per cent of private patients are confined in private asylums, while in Scotland the proportion is only 9.5 per cent. On the other hand, the public asylums of Scotland receive 84 per cent of private patients, while those of England receive but 49 per cent.”

Further on he remarks that this proportion of 49 per cent of private patients confined in the public asylums of England is distributed in the following manner:

Registered Hospitals,.....	36 per cent.
County Asylums,.....	6 “
State Asylums,.....	7 “
	<hr/>
	49 “

It is then the registered hospitals that receive by far the largest number, and it is precisely these hospitals of England that most resemble the royal or chartered asylums of Scotland. He therefore recommends emphatically the progressive development of registered hospitals. What has been done in Scotland, he says, can likewise be done in England, and one could obtain, at half the price, a result as satisfactory in all respects, as in the best private asylums.

It is certain that the facts observed in Scotland are strongly in favor of the treatment of the insane of the middle class in quarters forming part of royal asylums. The Commissioners suggest that the local administrations do not occupy so much room in these establishments, for the treatment of their paupers, in order that more may remain for private patients. There appears in their annual report an important memoir in which Dr. Arthur Mitchell, one of the Commissioners, undertakes to show that the large asylum at Morningside, near Edinburgh, contains too many paupers. He insists that the charitable authorities of Midlothian, that is, the largest portion of the city of Edinburgh, instead of occupying a portion of this institution, decide upon the construction of a special asylum devoted to the pauper insane in their care.

New Scotch System.—Open-door Asylums. The objective point of the main improvement, realized for almost a century in the collective treatment of the insane, is to better the condition of the patient by removing everything that recalls a prison and suggests the idea of sequestration. To this end Pinel, Esquirol, Ferrus and their disciples in France, and Conolly and his adherents in England, have particularly applied themselves.

But the spirit of humanity is not wont to halt in the path of progress. To-day the endeavor is made to go beyond the doctrines of Conolly, and it is especially in Scotland that this tendency has for some years past prevailed. The new reformers wish to go further in suppressing every apparent method of confinement both as regards the exterior and interior of their asylums.

It is not probable that they had the idea at the outset of creating a new system, breaking with all the customs of the past. It was after different partial innovations, attempted in various directions,

but inspired by common views of treatment, that they finished by constituting a complete theory of reform in the management of asylums. This theory received official consecration in the Report of the Commissioners for the year 1881.

The Commissioners, in stating the improvements introduced during a certain term of years in Scotland, in the treatment of the insane, take pains to make it understood that they do not refer to medical treatment properly so-called, which with every physician is a matter of entire independence and individual conscience. What they desire is to secure a better understanding and appreciation of the general rules of the internal discipline to which the population of the asylums is actually subjected. These improvements are comprised under three principal heads.

1. Greater freedom allowed to the patients in the asylum.
2. Increased effort in procuring for them all useful means of occupation.
3. Various improvements as regard the construction and internal comfort of asylums.

As regards the application of the patients to industrial or agricultural labor, as varied as may be, the greater number of the large French asylums have no occasion for envy. It is Dr. Ferrus to whom belongs the merit of having in this connection established principles which underwent a more rapid and complete development in France than in any other country. With regard to comfort and furniture, this is especially a question of money, and in this respect French hospitals are very modest when compared with those abroad.

The principle which has served for starting-point is common to all schools, namely, that no restriction should be placed on the liberty of the patient, unless it be shown that it is absolutely necessary either for his own well-being or for the safety of others. But what distinguishes the Scotch system is that the limits of these restrictions may be singularly extended by (1) the abolition of walls surrounding the grounds; by (2) doing away with locked doors in the interior of asylums; and by (3) the extension of furloughs on parole. Leaving aside this last point as not belonging to the internal service of asylums, it must be acknowledged that the asylum where the first two conditions are realized, loses more and more the aspect of a place of confinement, to approach that of large private demesnes. In these latter, in fact, the land is not parcelled out into little enclosures surrounded by walls; one does not encounter locked doors in passing from room to room; in short, one can go out at will.

And all that has been realized in a certain number of Scotch Asylums. The District Asylum of Haddington, opened in 1866, is the first around whose grounds there has never been an enclosing wall. Moreover, in this asylum the patients of both sexes take their meals in common in a vast hall, but while elsewhere the sexes are separated, here a man and woman sit alternately, side by side, at each table, in order to preserve, among the patients, the habits of courtesy which ought to be the rule in the social relations in the outside world.

The example thus given in the matter of walls has been followed; to-day the closed courts have disappeared, or are disappearing from the greater number of Scotch asylums. It may be objected, it is true, that these courts had the advantage of dividing up the population in such way as to reduce the contact between patients and facilitate their surveillance. Besides, they furnished isolated places where disturbed patients might get rid of the morbid energy of their maniacal excitement in the open air and without inconvenience. To this Scotch physicians make answer that it is decidedly more advantageous to have these patients spend their energies in entire liberty, in the whole extent of the vast domain surrounding the asylums, provided they be always accompanied by a special attendant, and, if need be, by several. And this is, in fact, what occurs, and the advocates of the system claim that, thanks to this freedom of expansion, excitement disappears much more rapidly. The Scotch asylum, constructed in accordance with the new theory, is situated in the midst of a rural domain whose lawns and gardens surround the buildings on all sides, without there being in the immediate vicinity of these latter any walled enclosure or restricted court set apart for the use of particular classes of patients. Everything is open as if around a private mansion, and everywhere there is free circulation. Numerous doors permit entrance from all sides into the day-rooms, which are all situated on the ground floor. To gain admission it is only necessary to turn an ordinary handle, and once inside, one may move about freely and everywhere without the hindrance, at least during the day, of a single lock. It must not be supposed, however, that patients are free to thus perambulate, and that they are left to themselves without order and without discipline. Far from it. Nowhere does order appear more real; only the ostensible material obstacles are replaced by precision in the employment of time and in the constant round of occupation, by the acquired regularity of habits, and especially

by the incessant vigilance of the attendants, whose duty it is to direct the patients in all the details of their daily existence. It is precisely this latter point which, according to the authors of the new theory, constitutes its principal character.

It thus behooves every attendant to thoroughly study the patients committed to his care, since he has neither wall nor lock to aid him in his surveillance; his attention is always on the alert; he must do his utmost to treat them kindly and to gain their confidence, seeing that it is only by persuasion and good will that he can maintain them in quietude and in the observance of rules prescribed for the good order of the house. And it is affirmed, however improbable it may appear, that this result may be obtained with inconsiderable effort, and that every asylum physician who has put the new method to the test is satisfied, and does not hesitate to make its use general.

The author of this present report had occasion to see the Scotch system applied at the Morningside Asylum, near Edinburgh, at Melrose, at Gartnavel and at Glasgow. He visited in detail, or at two different occasions, the great Woodilee Asylum at Lenzie, near Glasgow. This last establishment, in all respects one of the finest to be seen, was built a few years ago, for 500 patients, in view of the complete application of the new system, of which it is to the present day the most perfect specimen. It belongs to the parish of Barony, which is very rich and does not shrink from any expense to attain the desired end. Dr. Rutherford, the first superintendent of this institution, and Dr. Blair, his successor, are declared advocates of the open-door system. The administration which is responsible for this costly creation congratulates itself on having adopted this method, and far from being tempted to renounce it, is anxious on the contrary to give it the greatest possible development. But this asylum, no more than any other, is not proof against serious accidents. In May, 1883, a female patient, who had passed out by an open door, was crushed, at a short distance from the asylum, by a railway train. It was not known whether or not she had committed suicide.

The Journal of Mental Science (October, 1883), in reporting this fact, adds that in the course of the trial which took place after this accident, the public prosecutor made it known to the authorities of the asylum that, if such an accident should occur again, it would be his duty to institute an inquiry on this point to ascertain if they did not render themselves guilty of negligence in the care of their patients. In any case it would be of the

highest importance to ascertain whether, as has been said, the number of suicides in Scotch asylums has increased of late years. It must be acknowledged, without prejudging the future, that at all events, English alienists seem for the moment little disposed to concede the practical merit of the ideas of their Scotch confrères, and they reject almost unanimously the new system. It is not without interest for foreigners to take note of the arguments employed in this discussion among compatriots. Among the objections formulated in England, they say, among other things, that to replace the walls and locks by attendants who obstruct passage, is to substitute for a material and inert obstacle, a resistance which from being passive may become active, so that the patients gain nothing—on the contrary. It is added that Scotch lunatics are of a calm and apathetic nature, in consequence of which they submit to rules which the more petulant patients of England, with a more pronounced individuality, would be far from enduring with the same resignation. They also reproach the system with being more costly than others.

Is it not very remarkable that these objections made by English physicians to the Scotch system are precisely the same as those addressed to the English method of non-restraint by the alienists of the Continent who have not entirely adopted Conolly's doctrine? Is it surprising, if Scotch physicians, partisans of the open-door system, show themselves little disposed to concede the validity of objections raised by their English colleagues,—is it surprising that these latter show little eagerness to allow themselves to be convinced by the adversaries of absolute non-restraint? But facts are of more importance in such case than arguments. Experience with the new Scotch system is doubtless not yet sufficiently complete, nor of sufficient duration, to permit a precise appreciation of its merits. We must wait until the work shall have ripened before we can judge of its fruit. Yet it seems justifiable to anticipate that its application will remain limited, and that the system in its entirety will be difficult of general adoption. At the same time it is probable that, in one way or another, it will lead to partial or modified imitations, and that it will thus contribute indirectly to the amelioration of the condition of the insane in all countries. The motive is sufficient to make it worth while to study carefully the principles of the system, and to follow with interest their evolution.”—*La Législation relative aux Aliénés en Angleterre et en Ecosse.*

THE LAW OF INSANITY.—Dr. H. C. Wood read a paper on this subject before the Philadelphia Jurisprudence Medical Society, in November, 1884, of which the following is an abstract:

The decisions and acts of Judge Ludlow's court in regard to medical experts illustrate a practice which has had much to do with the present low condition of expert testimony in this country. So far as medical questions are concerned, the fault and the consequent disgrace lie not with the proper qualified experts, but with the practice adopted by judges of admitting any one to the stand who will put himself forward, however ignorant he may be. The law has taken away from the medical profession all control over its own membership and its own government. It has handed it, helplessly bound, over to the medical colleges, institutions without responsibility, from whose secret examinations all light of publicity is shut out, institutions which directly derive large revenues by letting loose upon the profession uneducated men. In the eyes of the court these men are all experts, to the play of whose ignorant fancy human property, liberty and life are left almost unprotected. There are cases of mental disease lying in the borderland between sanity and insanity, concerning which there must always be a difference of opinion. But omitting such cases, I have never personally known any serious divergence of opinions in medical jurisprudence which did not grow out of the ignorance or incompetence of one of the two sets of experts. Very rarely does the student in this country study medical jurisprudence at all; and only when called upon in after life, suddenly, it may be, does he open a work upon that science. The present system works ill both ways—in convicting the crazy man and in liberating the sane murderer. Trials involving the question of insanity are fast becoming such a farce in this country that he who sees them as they are, hardly knows whether to laugh or to cry; but it is the judicial and legislative professions, not the qualified experts, which are chiefly at fault.

Experts are almost as much a necessity in a court of justice as the judge himself, yet our customs are stripping their testimony of almost all its value. To laugh at them, to worry out and get ahead of them in the battle of wits—which is dignified by courts as a cross-examination—is much of the business of the modern attorney.

The nervous system of man has for its powers of functions, will, which controls all actions.

The basis of all proper laws must be either abstract justice, or

necessity for the protection of society; as equivalent terms to abstract justice, may be used the expression "moral equity," whilst "public policy" may be employed as a brief equivalent to the necessity for the protection of society.

The demented criminal is justly held by the law as irresponsible, because his intellectual faculties can not distinguish right from wrong, and therefore his will can not select between the two courses of action. This is a recognition by the law of the moral equity of the case, but in order to protect society the man is locked up, although moral equity does not demand his incarceration. It can make no difference in the moral equities, what is the immediate method or cause of the loss of the alleged criminal's free will. If the will itself be paralyzed by disease, the individual, so far as his moral rights are concerned, is in the same position as though the will had power but could not act properly on account of the perversion of the intellect. Again, if there be disease in the lower or spinal nerve zone, then the individual is freed from legal as well as moral responsibility, so far as concerns the muscles immediately affected by such disease. Thus, if in any situation duty require a man to put forth his hand, if the arm be paralyzed by disease in the spinal zone or region, the man is freed from responsibility, because he has no free will in the matter, the possibility of his action being estopped. Again, if the disease of the spine cause an uncontrollable spasm of a man's arm, and disaster results from such movement, the man is still free from responsibility.

It is the office of the will to control the passions by preventing a discharge of nerve force from the zone or region whose function they are. The same morbid process which, when attacking the spinal cord, causes a discharge of nerve force, and a consequent spasm of the muscles, may so attack the portions of the nervous system controlling the passions that the will has no more power over the discharge of nerve force from these emotion centres than it had over this discharge of the spinal nerve force that caused movement of the arm in our supposititious case. The free will is paralyzed in either case, because disease has so affected a lower nerve centre, that said nerve centre will not mind the behests of the will. A man's free will being in any way destroyed, the equity must be that the individual is relieved from responsibility. If we look at the subject anatomically, the absurdity of the law becomes even more apparent. The four zones of nerve centres may be with sufficient correctness considered as placed one above

the other; at the bottom is the spinal system, above the emotional, above this the intellectual, and higher than all, the will zone. Now the law appears to be that, if a tumor, inflammation, or other lesion affects the spinal zone so that the will can not control its discharges of nerve force, the individual is not responsible for results which grow out of such loss of control; if the intellectual zone be damaged the same rule of law applies; if the will zone be affected, again is the individual freed from responsibility; but if the tumor or inflammation locates itself in the emotional zone, then must the man be hung for acts which are entirely beyond his control and are the products of physical disease. A fraction of an inch one side or the other in the situation of a disease of the nervous system makes the difference whether the sufferer is taken care of for life or is to be hung.

The complete *reductio ad absurdum* is, however, to be found in the single case: Suppose a man has a shifting, nervous irritation. If to-day such irritation paralyzes the intellectual centres, the man is irresponsible; but to-morrow, when the irritation shifts to the emotional centres, the man is responsible, although in either case equally helpless against his diseased self.

I have no mawkish sympathy with criminals. I believe that every man who is convicted three times of a felony should be confined for life and made to support himself by labor. I recognize society has the right to take human life, when such taking is absolutely essential for the protection of society, whether abstract justice warrants the sacrifice or not. I do not complain simply because the law unjustly takes the life of the insane man. Death to the hopelessly insane is often a boon, a rest, and is never a distinct evil. The deep damnation of the statute is in that it publicly brands the unfortunate victim, in his helplessness, with the mark of Cain, and, if he have a family, shadows the lives of those he leaves behind with perpetual infamy. If the protection of society demands that the insane murderer be put to death, let such death be as painless, and as far freed as possible from the horror of expectation, and let it be distinctly stated by the judge, "this man though guiltless, because irresponsible, is put to death for the protection of society." Beyond all it is important that the law be consistent with itself, so that the growing feeling of distrust of and contempt for our courts may not ripen into quiet lawlessness, and fraud be habitually met by fraud, through the hopelessness of an appeal to the courts.—*The Polyclinic*, January 15, 1885.

THE BLOOD OF THE INSANE.—We have been favored with a copy of an able essay by Dr. S. Rutherford Macphail, of the Garlands Asylum, Carlisle, England, entitled "Clinical Observations on the Blood of the Insane," (reprinted from *Journal of Mental Science*, October, 1884, and January, 1885), in which the author furnishes the results of some very carefully conducted experiments with regard to the blood of the insane. The subject is as interesting as it is important. He comments on each series of observations separately, and formulates his general conclusions as follows:

"(1.) While there is no evidence to show that anæmia in itself is a cause of insanity, yet an anæmic condition of the blood is undoubtedly in many cases intimately associated with mental disease.

"(2.) The blood in the demented class of asylum patients is deficient in hæmoglobin and in hæmacytes, and the deterioration progresses as age advances.

"(3.) The blood in patients known to be addicted to masturbation is deteriorated in a marked degree.

"(4.) The blood is below the normal standard in general paralysis, and the deficiency is greater in the active and completely paralyzed stages of the disease than in the intervening periods of inactivity and quiescence.

"(5.) While there is a deficiency in the quality of the blood in epileptics, the decrease is not so pronounced as in ordinary demented at the same age.

"(6.) Prolonged and continuous doses of bromide of potassium do not cause deterioration in the quality of the blood.

"(7.) Prolonged attacks of excitement have a deteriorating influence on the quality of the blood.

"(8.) The blood of the average number of patients on admission is considerably below the normal standard.

"(9.) In patients who recover, the quality of their blood improves during residence in the asylum, and on discharge is not much below the normal standard.

"(10.) There appears to be a close connection between gain in weight, improvement in the quality of the blood, and mental recovery.

"(11.) While there is a definite improvement in the condition of the blood during mental convalescence in all cases, the improvement is both more pronounced and more rapid in those who have had tonic treatment.

“(12.) The four tonics which either alone or in combination proved most efficacious in restoring the quality of the blood as shown by these observations may be classed in order of value thus (*a*) iron, quinine and strychnia (*b*) iron and quinine (*c*) iron alone (*d*) malt extract.

“(13.) Arsenic proved of little value as a blood tonic in these cases, and the observations with quassia and cod-liver oil did not give satisfactory results.

“(14.) The close connection which exists between improvement in the quality of the blood, increase in weight, and mental recovery, the converse which exists in cases of persistent and incurable dementia, and the marked improvement which is effected by certain remedial agents, show that this line of clinical research, more especially with reference to the curative treatment of the insane, should have more attention paid to it than has hitherto been the case.”

ACTION OF PARALDEHYDE.—Dr. Strahan, of the Northampton County Asylum, says that paraldehyde, which was first used as a therapeutic agent by Dr. Cervello, of Palermo, some eighteen months ago, has not received the attention that it deserves. As a sleep-producer he thinks it stands in the same rank with chloral; while in anything like moderate doses it approaches in safety the safest of all sedatives, bromide of potassium. He has given it in mania, acute and chronic, melancholia, dementia, in the various stages of general paralysis, and in simple insomnia, and found it almost invariably a certain somniferant. It acts more quickly than chloral, the patient often being asleep in ten or fifteen minutes. When it does not induce sleep it does not excite, but rather tends to soothe and calm an excited or depressed patient.

The sleep induced by paraldehyde, he says, is, I think, a nearer approach to natural sleep than that obtained by the administration of any other drug. It is light, apparently dreamless, and certainly refreshing. The patient can at any time be awakened by a loud word or a gentle shake, and when so aroused does not display any alarm or confusion of ideas, and if left alone at once falls to sleep again. During this sleep the breathing is somewhat slower and deeper than in the waking hours, while the pulse becomes slightly less rapid, and possibly stronger. The temperature (surface) is not changed, the flow of urine is increased, and the skin is not affected. No headache or other unpleasant symptom is experienced

on waking, and the appetite is not injured even by the daily exhibition of the drug for considerable periods.

The dose is from thirty to ninety minims, but more than sixty drops is seldom required to induce sleep; and this, or even a smaller dose repeated within an hour, is much more effective than a single large dose. It is best given with a bitter tincture in sweetened water. It is given off principally or wholly by the lungs, and may easily be detected in the breath for ten, twelve, or more hours.—*Lancet*, January 31, 1885.

ON ALCOHOL IN ASYLUMS.—Dr. D. Hack Tuke has been eliciting the opinions of Asylum Superintendents in regard to the use of some form of alcohol in the ordinary dietary of institutions for the insane, and read an interesting paper on the subject at the Psychological Section of the British Medical Association last year. He concludes his paper as follows:

“I can sympathise with the feeling that it is rather hard lines to cut off a poor man’s beer who has been accustomed to it all his life. On the other hand, we must remember that in the administration of an asylum, a balance must often be struck between conflicting interests; and I do think, in this beer question, that if the health of the patients does not suffer and the discipline of the asylum is better maintained, asylum authorities are fully justified in discontinuing the use of stimulants other than medicinally, even if a few patients feel it to be a hardship. I am glad that hitherto the change has been almost always made at the instance or with the full concurrence of the medical superintendents themselves and not their committees. I hope that pressure will never be put upon the former to make a change, and that they will not adopt it unless they honestly think that it is on the whole for the good of the institution they superintend. I would here make one observation arising out of the remark frequently made in the Returns, that the beer is so weak in its character that it can not possibly do any harm to the patients. Well, if that be so, one can not suppose that much good can come of it either; and while I wish to keep the question of expense in a subordinate place, I should be disposed to query whether the present large outlay on beer alleged to be too weak to have any effect, is altogether justifiable. I do not think the substitutes given and the money allowance will often equal the amount spent at present in asylums where alcoholics are freely allowed; but I should be very glad to know that, where they are discontinued, the dietary is proportionately increased, and the wages of the attendants and the cook raised.”

BOOK NOTICES AND REVIEWS.

Ragione e Pazzia (Reason and Madness.) By AUGUSTO TEBALDI,
Professor of Psychiatry in the Royal University of Padua.

We beg to return our cordial thanks to the distinguished author of this interesting little volume, which we have read more than once with much gratification. The author does not introduce it to his readers as a philosophic treatise, intended for the instruction of learned psychologists, but rather as an entertaining and not uninformative miscellany, for the perusal of ordinary readers, whose conceptions of the real nature of insanity, in its ever varying shapes and shadings, are often vague and erroneous. He has therefore given to it a form and colouring which will hardly fail to prove attractive to the lovers of truthful sensationalism, who will be pleased to find that they are treated, not to the phantastic creations of an erratic romancer, but to faithful depictions of human nature as it is presented under some of its most striking and pitiable aspects, in the domain of mental anarchy. Instead of entering upon any critical analysis of the work, of which, indeed it is, from its heterogeneous elements, unsusceptible, we content ourselves with the reproduction of a few of its most striking passages, which however, we by no means desire to be understood as exhaustive of all its beauties; so without further preface we present our selection in the garb of our own dialect, which we are but too well aware, must lack much of the elegance and richness of the original.

* * * * *

“In what delicate tints compassion may invest itself in an asylum for the insane we may see when it is

presented in one of those beings of fine sensibility and intense affection. Through the winding of asylums there flit slender, pale, lady-like figures, embodiments of tenderness, who may be seen stooping lovingly over the beds of vulgar women with wan faces and glazy eyes, and incapable of recognizing with gratitude the kindness and caresses of their ministering angels, or of exhibiting that sweetness of emotion which passes into the heart of the dying from the tears dropped on their pillows by compassionate visitants, who may be totally unknown to the sufferers. Woman, secluded in an asylum, renounces not her affection; she ever continues a mother, a sister or a lover.

Infants or children falling sick, she regards as her own; the imprints of maternal love render her solicitous for their tender care; and when her protracted delirium has blunted all power of thought, and has reduced her to the condition of absolute dementia, it is no rare occurrence to see her hold in her bosom, and lay by her side in bed, some extemporized semblance of a doll, made up of a few rags, as was her wont when a child. It was her instinct of childhood that created the sublime forms of maternal love; having become a wife and a mother, and, in the sad conflict of disease, a second time a child, the vestiges of that instinct are again seen in their primitive forms. The doll of the dement is a psychological fossil that speaks to the physician of the overwhelming deluge which has swept over that spirit, deforming its complex aspects, and reducing the moral elements to their pristine forms. Within the walls that shelter, the unfortunate woman oftentimes believes that she meets her sisters and relatives, and she draws comfort from the sweet illusion. It is in love that woman manifests that supremacy which is ever her ornament and her just right. All the pages of the

interminable romance of love, which are evolved by the human heart in social life, are read by the alienist; all its dramas, with their joys and their tears, pass before him in the piteous scenes of the asylum.

* * * * *

All the sublime creations of human genius, that have been written as episodes of love, with immortal characteristics of art, have their counterparts in the asylum; but how much more truthful and terrible are they! Here we see an unknown Sappho, perched on the brink of a precipice; a Lucia smiling and raving; the singing Ophelia, who weepingly scatters the energies of mind and heart, just as she does her flowers; the ardors of a Francesca, expiated by ever new torments; there we meet a Werther, whose great pain is not to die for an ignoble Charlotte; next the phrenzy of an Othello; anon the erotic contemplations of a Don Quixote, or the ruins of a Don Giovanni. In the delirium of the insane, the purest idealism may coexist with the grossest sensualism; at one time we may find the lunatic agitated by a restless imagination sporting with a phantom of love; again it is a remembrance that has awaked from its ashes—an *ignis fatuus* hovering over the grave of consciousness."

* * * * *

Madness and reason may seem to be distant from each other, yet they sometimes appear to neighbour so closely as to walk arm in arm; or again they so exchange vestments as to be mistaken, the one for other.

On one of those days, in which the hours seemed to bring to maturity the events of centuries, reason, having been declared a goddess, came to the gate of an asylum overpowered the poster, laughed sardonically at the doctor, drowned in her shouts and songs the

ravings of the insane, and held a bacchanalian dance around a tree, on the top of which was placed the cap of liberty. It was now the turn for the insane to believe that reason, or whatever little of it remained, had gone mad. Not a few of the performers afterwards took up quarters in that asylum.

Paris is the heart of a great country, and when its beatings become tumultuous, the surging pulse wave flows through the gates of the Charenton, the Salpêtrière and the Bicêtre, and the dozen other public and private asylums, leaving indelible traces of memorable names.

These thoughts flitted through my head one morning as I entered one of those isolated cells, within the court of the Salpêtrière.

They were ugly huts, scattered here and there in which the more turbulent patients were lodged. There was a time when the light, broken by strong iron bars, entered through a little window; the narrow door, strengthened by cross beams, showed at the bottom a hole, through which food and water were passed in. In the interior there was a board, sloping towards a corner, to which filth was directed; along the side opposite the window, was a sort of bench, about the length of a man, and half as broad, supported at the four corners by square feet, about a foot high; at one end of this lair, there stood, about its middle, an iron bar on which there ran a strong ring, at the ends of two chains, that terminated in strong manacles which in better times were lined with leather. At the present day these contrivances have been relegated to the historical museums of asylums, and one of those huts has been preserved at the Salpêtrière, just as it was, as an historic curiosity. I determined to visit it, and on entering it, I saw on the grey wall a sort of arabesque, of reddish color, dashed off convulsively, which on inspect.

ing with closer attention, I recognised as a name, and probably that of an old inhabitant of the place; the plaster had been somewhat injured by the dampness, which had obliterated some of the characters, but not so far as to prevent me from making out the name *Lambertine*, and below it *September, 1807*. That name was not new to me, and that date brought back to me a certain remembrance; but, as so often happens, it was obscured by the gloom of clouded recollection; yet that name excited in me a strong desire to know something more about it. I therefore went at once to search the archives of the establishment, where I ransacked the clinical records of that year, until I succeeded in reaching, at the head of an entry: *Lambertine Théoroigne de Méricourt*.

Here was my heroine. At the instant, my old intimacy with the name re-appeared, only in indistinct, but strange, terrible and pitiable lines. I ran rapidly through the few pages, and a sensation as of a cold knife blade ran over me from head to feet, and severed the memories of her times.

Having, without fear of indiscretion, taken some notes, I added these, after my arrival at home to some others which I found in my scrap books, and I now transcribe them faithfully.

Thréoigne Lambertine was born at Méricourt, in the vicinity of Liége; at the date recorded in the clinical record, 1807, she was 40 years of age. This was her second admission into the Salpêtrière; her first was in 1800, but she was subsequently transferred to the asylum called *des Petites Maisons*.

She had been known in Paris as the *la belle Liégeoise* and she must indeed have been very beautiful, to have been called the Queen of all the daughters of Ève in the district of Luxembourg, the designation under which she was afterwards known.

There stood on the banks of the Rhine an old ivy-clad castle, hidden among linden trees; Lambertine often wandered towards it, and it was there she breathed the air of a first ardent and confiding love. She was betrayed! Shame drove her from her native land, and she fled to England.

There are some errors in early life, which may be followed by a reaction that will regenerate and elevate the sufferers, or may, should they unfortunately become inebriated by new seductions, enfeeble them and sink them yet deeper. The latter was unfortunately the result in the life of Lambertine. Fired with scorn for that ideal love which had brought her to shame; longing for vengeance, which she sought even in the brutalism of vice; fervid in imagination, that ever opened to her new horrors of seductions; and bursting with indistinct and boundless desires, she was prepared to obey her most vivid emotions. The present must wipe out the memory of the past; every new day must be the tomb of that which had gone before. The storm then raging in Paris reached the beautiful Lambertine; with the daring of one conscious of the power of the charms conceded to her by nature, charms to which even the souls of the austere English had yielded, she reached the capital of France. She brought with her but one letter of introduction; it was addressed to the citizen Mirabeau;—her path was now marked out.

The political field proves opportune to woman for the sheltering of her emotions, and in her, those of the heart always rank first; she will, if so required, die for her party, but behind the banner of the party it is always her heart that beats time. Plunged into the vortex of the revolution, Lambertine must run through all its mazes, passion became enthusiasm, and this, by a fatal law,

ran into madness. Paris was soon habituated to see her the standard-bearer of the revolution, wherever the people assembled; on the public squares, in the orgies, on the barricades, at executions, Lambertine, as a baleful star, was ever present, to-day by the side of Mirabeau, to-morrow with Sieges, then with Chennier, Danton, Jourdan, Brissot, Desmoulins, and all the other great reformers. To-day an Amazon, to-morrow at the assault of the balustrades of the Invalides, or in the front, at the capture of the Bastile, where she was decreed a sword of honor. Drawn around as a lady of court in an aristocratic coach, she descended from it glittering with gems and gold, which, attended as she was by a batallion of bold women, induced the regiment of the guards to salute her with their arms.

Lambertine, invested with military rank, rushed to Liége, to rouse the people; shortly after she presents herself among the raging rabble that moved from Paris to Versailles, and thence she returned on horseback, in that bacchanalian tumult which determined the dethronement of a king; on this day she rode by the side of the terrible Jourdan, "the man of the long beard." We find her for a short time the prisoner of the Austrians, in Vienna; but the Emperor Leopold must talk with her, and she was so amiable that her gaoler was softened, and she presently winged her way back to Paris. One fine morning the crowd saw her once more in the Tuileries, preaching love, moderation and concord; a few days after she is at the head of those who bore in triumph the heads of the royal body-guard.

One day she fell in with a cortège of condemned ones, who were on their way to the prison of the Abbey; among these wretched ones she recognized a man that reminded her of a castle on the banks of the Rhine; it was said that she was petrified by the sight

of him, and that she was seized with such a thirst for vengeance, that though she could have saved him, she left him to be numbered among the massacred of September. On another day she could have saved the revolutionary journalist, Souleau, but she left him to his fate. In all these scenes of vice, crime and madness, she appeared as an enchantress. Her stature was noble, her hair auburn, her eyes were large, brilliant and sea-blue; she smiled sweetly, but in every passionate movement of her features she showed a notable cast of fierceness. Her figure was gracefully rich, and all her gestures were pliant and elegant.

Her person acquired new enchantments, under new and strange vestments; she was brilliant under a scarlet mantle, voluptuous within thin gowns, that defectively concealed her witching shapes; and when she appeared in the tumults of the squares, wearing her rich head-dress, the people were intoxicated by her charms.

But the favours of the people are fleeting; their stars are falling stars. Lambertine preferred the Girondistes, and with them and Brissot she fell; with them she tried to stem the tide, but it overwhelmed her; the heroine of Liège seemed a moderate, compared with the *furies of the guillotine*; on the terraces of the Tuileries, where she was wont to harangue the people, she was stripped, and publicly flogged.

There are indignities which give to reason its death-blow, when it has already been shaken by a giddy life, and this, to the spirit of a woman, however unused to the blushes of modesty, was the one.

The name of Lambertine was entered on the registers of the Salpêtrière in 1800; but she had already been, for several years, confined in a house in the suburb St. Mark. In the Salpêtrière she was shut up in the cell

already described; she was not subjected to any form of bodily restraint, for the spirit of benevolence had then penetrated those walls and taken away the chains. Yet, oh! what anguish to *her*, within those close walls! The convulsed phantasy of Lambertine peopled that cell with images that incessantly succeeded each other, arousing fresh excitements, and breaking her sleep, when her frame, wasted by long delirium, needed repose. Shoutings for liberty, imprecations and threats, decrees for arrests and death, alternated with brief pauses, which were perhaps even more tormenting.

In the dead of night, when the vast court of the Salpêtrière was deserted, and the shadows of the lindens trembled on the dusty soil, whilst some attendants passed across, and the dead silence was broken only by the ravings of the insane, the unquiet spirit of Lambertine peopled this solitude with imaginary personages; she harangued these phantoms, urging them forward to attacks, battles and murders. Beneath the graces of a woman Lambertine had possessed a fibre of steel. She now tolerated no vestments; she was insensible alike to cold and to shame; she was in the habit of upsetting the water pails on her wretched straw-bed, on which she would afterwards curl herself up in a single sheet, with her knees between her hands; the rigors of winters did not change this custom, and she would break with her fists the ice on the water for her use. Thus lived she for years; and her vigils, ravings and fastings soon ruined her once beautiful person. O, what a change!

She, who had been accustomed to raise her beautiful head over crowds of adorers, now crawled on her hands and knees, scratching up the filth of her floor; she, whose body was once so caressed by seducers, raged on that lair of filth, as if in luxury; her hair erewhile so

soft and glossy, now bristly, scarce and whitened; the brilliance of the eye extinguished, the music of the voice hushed, and all the allurements of the flesh for ever gone!

What a change!

Under these most pitiable aspects was the Théroigne depicted, on the fourth page of an album, by the hand of the father of modern French psychiatry.

I followed my heroine even to the table of the post-mortem room. Anatomy sought in vain within the cranium for any testimony to her ferine cruelty, her insatiable voluptuousness, implacable hatreds, and voluble loves. Nothing, and still nothing; that cranium and that brain might have been allotted to any other demented being."

* * * * *

Professor Tebaldi, like some others of his countrymen, would seem to have in his composition a proclivity to humorous indulgences, even when treating of very serious matters. Near the end of his little book he furnishes his readers with a serio-comic narrative, which must at once amuse, and it is to be hoped, improve the assiduous student of alienistic pathology. We shall allow him to introduce the subject in his own words, which are as follows:

"Here, before parting with my reader, I would reply to a question which is very often addressed to alienists: 'Do we find organic alterations sufficing to explain the numerous and varying forms of mental disease? Is there any material change in the brain that may cause the ebullitions of insanity?'

The answer might be somewhat difficult; I shall endeavour to give it by relating a singular occurrence that happened in a university of this world, or if it better please the reader, in that of the world of dreams, a domain into which I sometimes ramble.

An old professor, who had become grey in the study of insanity, and was accustomed to long vigils, in exploring the mysteries of this science, one night became wearied; he laid his head back against his chair, and closed his eyes, for a nap. When he awoke, he found on his table a letter; it had no postage stamp; the direction was strangely written, sloping a little towards one side, and again towards the other, with some hieroglyphics added; it was just one of that sort with which alienists are very familiar. It read as follows:

My dear and good Doctor:

A feeling of profound gratitude, to me no stranger, my respect for your untiring beneficence, lavished on your patients, and the desire of clearing up a fact which has occasioned so much rumour, have induced me to address to you this letter. I know that the staid and tranquil minds of the Professors of this celebrated University, and those of some of the political authorities, have been excited by the fact, that the body of a deceased woman has disappeared from the School of Anatomy; here am I to explain the secret, and thus to allay the curiosity of all those gentlemen. You know who I am and you will well remember me, since I was a subject of your clinical instructions, and you made a world of research in order to understand me. My genealogy was traced back to its most remote origin, and it was discovered that I descended from a merry and thoughtless god; my features were studied as earnestly as those of a lover; my body was subjected to a thousand examinations and experiments—battered, punched and explored in every part; commotion by electricity when it was quiet; made fast in a strong camisole with long closed sleeves, when it was taken with some lively convulsions; and my inner parts were not less tormented, for I had to swallow pills and potions enough to frighten a hypochondriac. At last I was one day believed to be dead, and I was hoping that I would now have peace; but it was an illusion. I must, distinguished Doctor, commit to you a secret, without which you would be unable to explain the mystery. You are not to regard me as the equal of any of the other patients who have the good fortune to be treated by you: I am a privileged being. When I was yet an infant, a genius

came to my cradle, and having somewhat whimsically caressed me, placed a hand on my tender forehead, and pronounced these words: "Live, my babe, as long as humanity shall live, and every one that may look on you, or even touch the edge of your vesture, or a lock of your hair, shall derive from you something that will be transmitted to descendants throughout distant generations. The spirit shall animate every part of your body, so that each, even when detached from the rest, will possess sense and consciousness, and by its own virtue will tend to reunite itself to its proper associates." You smile, Doctor, but within these words, which to you seem obscure, you will find something that was known to you; as to the truth of the last words of the prophesy, I am now at hand to establish it, by recounting, in full length and breadth, all that happened to me, when I was believed to be dead.

Hardly had you uttered the fatal word *dead*, when I felt the sheet drawn over my face. A few hours afterwards, two strong fellows laid hold of me, one by the shoulders and the other by the feet, and placed me on a litter, on which I was carried off, and laid on the floor, along with a row of six or seven others. Having once begun the fiction, it pleased me to continue it; and I wished to see the end of it. A string was tied on my great toe, and at its other end it was fastened to a bell, I was then left in that cold, silent place, and in that quiet company. I took care not to move a single member of my body, lest some one might come in; having turned my head just enough to have a peep at those seven white and motionless faces that were my neighbors, I smiled just a little bit, hardly enough to show my teeth. Twenty-four hours passed, when those two strong fellows, with very little ceremony, having denuded me, lifted me up, and let me plump down into a sort of coffin, but not without paying a compliment to my body, which I, as a woman, accepted with complacency, even when I had to assume the appearance of being dead. After being carried from that place, I passed into the hands of a man even more rude than the others; he was the sexton, by the aid of another, he lifted me out of the coffin, raised me high, and let me fall on a table, so hard and cold as to make any one shiver, for it was of stone.

Now commenced a strange spectacle. All around, over the seats of an amphitheatre, were spread a hundred young men, some of whom were near me, and you, Signor Professor, were among these, the rest were higher up and more distant. O! how many eyes were turned towards my tender limbs, which I had all

my life, unless when I was much disturbed, so sedulously kept covered! O! dear, what compliments!

A tall, lean gentleman, with a thin grey beard below his chin, and spectacles on his nose—he resembled you, Professor, a little—and covered by a long, black, glossy vestment, came close to my head, which was resting on a wooden pillow. An iron hand then placed me on my face, pressing it against that hard block, and I felt a sharp blade running round my head, from which the hair had been shorn; the cut was carried down to the bone; next I felt my scalp leaving the skull, with a sort of rustling sound much like that of my silk dress when I was putting on dancing attire.

I felt no pain whatever, and I listened with intense curiosity to all the Professor said to one of the students who had come beside me, and from time to time, with very little respect, to say the truth, laid his writing board over my abdomen.

They next, with a saw, separated the upper parts of my skull from the lower, and when the Professor laid the brain bare, there was a general commotion of curiosity; all eyes, armed with magnifying glasses, examined this viscus, which, after being raised carefully from its shell, was placed on a weighing scale. When the Professor announced the weight of my brain, there was an exclamation of general astonishment, because it exceeded, not only the average weight of the brain of woman, but even that attributed to man. I profoundly enjoyed the compliments which at this time were showered down on me from the benches of the school, and I was on the very point of laughing out; but I smothered it in my throat, for I feared that they would all have run out in terror.

They now began to cut into the brain, and I did not lose a particle of my consciousness, or of my finest senses. I heard the Professor, at every cut, making his observations, spread with strange words, such as abound in the topography of the brain, when he came to lobes, nodes, ventricles, feet, pillars, tubercles, thalami, and a thousand other things. His observations always ended with this formula: Normal all through! [In the text, *ganz normal*.]

There was a moment when he showed, on the point of his scalpel a round, reddish, minikin body, to which I had never before given a thought; he jokingly said: “Even the pineal gland, the centre of life, of Descartes, *ganz normal*.” The Professor, by way of a little fun, here made a short digression, relating an anecdote apropos to this little body, which in past times, was

believed to be the centre of life; he said that one Brossetto, a *littérateur*, and a famous Cartesian commentator, who had lost a wife whom he greatly loved, desiring to preserve forever the most choice part of her, treasured up the pineal gland, and had it placed in a ring which he religiously wore for thirty years after. All those studious gentlemen smiled; not however I, who had often heard the beliefs of the past laughed at in the schools, and I expect some day to laugh, myself, at those of the present time.

The bits of my poor brain having been thrown into a vessel, I felt the knife running down over my breast and abdomen, and after a few learned cuts and screeds, a hand seized my heart, raised it from its mysterious niche, and bore it to the light. Some of the students now lighted their cigars; the smoke of tobacco has before had its place in the dramas of the heart, and it should not be wanting in that of anatomy. The odor of my viscera perhaps offended their olfactories; mere metamorphosis of matter.

My heart, as a grand dethroned one, was laid on my breast; the point of the knife was carried into its flesh, and it was split open in two or three directions; they fingered its walls and explored its every recess, but, deluded in their search, they returned it to its place. I say only what is true, when I tell you that these wounds inflicted on my dearest part, were the only ones that caused to me a sort of thrill; but I comforted myself with the thought that I had long since carried away the treasure; they searched for the booty in an empty casket. Sentiments, affections, passions, emotions, ravings and the entire tumultuous array, I had before bestowed upon one and another, best known to myself. My heart could beat no longer, for I had stopped its movements, therefore they might cut away at their pleasure; and assuredly one single contraction would have sufficed to drive those students and that grave, frigid anatomist out of their wits; but I denied myself this gratification, feeling certain that some time or other, in the lives of all those gentlemen, my quarter of an hour would come around. What they did to me afterwards, I need not tell you, for you know it better than I do; it ended in their leaving to me sound, only the arms and legs, excepting a few cuts bestowed by way of pastime.

I was in hopes that this tormenting show was at an end; when, behold! A new trial came. The Professor, having detached a very small bit of my brain, placed it between two glasses under a lens that magnified enormously. See, I heard him say, a nervous cell; and all those gentlemen, one by one, stared at it, but turning

their eyes away, it seemed to me that they said to themselves: We knew just as much before.

Having accomplished this feat, the Professor, turning to his scholars, with great solemnity declared: That, finding no special lesion, to which to ascribe death, it must be held that the cause of it had been *paralysis of the heart*. I laughed in every little scrap into which they had cut me.

The sounding of a bell emptied the amphitheatre; only the sexton remained; and he, smoking the stump of a cigar, and grunting some song in monotonous, jocular cadence, tossed my ill-used members confusedly into the coffin; he then poured some water over the stone table, leaving it ready for the next case, and having taken off his black tunic, spotted with blood, he left the school, crooning his wonted refrain, and shedding the last puffs of his cigar stump.

A profound silence now reigned in that place, when every part of my body, governed by the force of affinity, moved towards those which had been neighbours to it in life, and in a short time I felt myself re-made; the incisions of the heart closed up, it resumed its beatings, and the blood again flowed through all the windings of its vessels. As awaking from a horrid dream, I raised my head and looked around, and as I heard no sounds, I arose from that sad repository and took my way to the door. I was naked, and I must have something to cover me; it would have raised a devil of a rumpus, and I would have been again shut up in an asylum, had I gone out in that state; and yet those young men had seen and examined me from head to foot; so having taken the pin off your black gown, I put it on, and put some muslin rags on my head. I then departed from that place, which I never can forget.

Once outside, I became mistress of myself; I moved around among the people; at present I appear in professional garb, which, as to that matter, suits me as well as any other, under which I mask and disguise myself.

Here now, my dear Professor, you have the details of the anatomy of a live woman. You may be grateful to me for this revelation, as I am to you for all the kind attentions lavished on me, and for all the experiments made on me, both alive and dead. I do not kiss your hand, lest I might infest you with some of my bizarritty, but I make you a low courtesy, and I hope to see you again soon, under some new and interesting semblance. Continue that friendship which to me has been so pleasing, and for which I shall ever be most grateful."

LA PAZZIA.

Clinical Lectures on Mental Diseases. By T. S. CLOUSTON, M. D., Edin., F. R. C. P. E. Physician Superintendent of the Royal Edinburgh Asylum for the Insane, Lecturer on Mental Diseases in the Edinburgh University, etc., etc. London: J. & A. Churchill. Philadelphia: Lea Brothers and Co.

We presume there are few of our readers who have not already possessed themselves of a copy of this work,—a notice of which was inadvertently omitted from an earlier issue,—and that, therefore, an expression of opinion with regard to it may seem belated and supererogatory. Our appreciation of the volume was, however, foreshown several months in advance of the complete issue, by the reprinting of selected instalments furnished by the author to the *Edinburgh Medical Journal*, and we have since had occasion, in another department, to call attention to the fact of publication.

Dr. Clouston is eminently qualified to write a clinical manual. Not only do his professional prestige and large experience as a teacher thus fit him, but as a word-painter he has few equals in medicine. Rarely has a medical book given us as much pleasure in the reading, from the purely literary point of view, as has the one before us. The style is trenchant and vigorous, it is rugged in the use of Anglo-Saxon words, and brings with it a belief that the author himself believes every word he says and knows whereof he affirms.

If we can not wholly approve his refinements of classification, and if we question the justification, as special varieties, of such terms as “post-connubial insanity,” we must at all events concede the convenience, from a clinical and teaching point of view, of thus adopting and amplifying the classification introduced by his illustrious predecessor, the late Dr. Skae, who, following Morel and Schröder van der Kalk, assumed that the mental symptoms were the chief things about

the disease to be observed. Dr. Clouston's keenness of perception does not allow him to lose sight of symptoms that might well elude the observation of less perspicacious clinicians, and his accuracy of judgment is well shown in pointing out their significance.

He makes occasional reference to his American experiences throughout the volume, and in allusion to the "Neurasthenia of Beard," condemns its treatment by *massage* as "the most irrational plan that was ever conceived by the medical mind." Such a plan might, he thinks, suit a few exceptional cases with weak hearts, but its general application seems to him "utterly absurd." He inclines to the belief that in some parts of America the air and climate, and the mode of life and education are so stimulating that the brain with us sometimes exhausts both its own trophic and energizing power, and pays the penalty by prolonged periods of "neurasthenia." As a natural cure a change to a more sleepy climate, is therefore suggested. Laziness he describes, on the other hand, as a diminished evolution of nerve energy, adding that it is more often a real disease than is commonly imagined. It is gratifying to our national pride to lay to our souls the flattering unction that, on this theory, we are not a lazy people, and the possession of neurasthenia as an American monopoly may almost be regarded as matter of congratulation.

We might go on culling sound bits of medical wisdom from Dr. Clouston's store-house, for we have marked many passages in our copy for reference, but we are too late, and as already intimated, most of our readers will have long ago formed their own judgment and care now little for ours. We would, however, especially commend as worthy of attention the author's views on treatment. He is the unceasing advocate of

abundance of fresh air and food. The amount of milk and eggs wherewith he plies some of his cases fairly appals the reader and almost induces in him a sense of gastric tension. Thus it happened that, at the great Tercentennial Festival, held in Edinburgh a year ago, our author was represented in caricature as "proclaiming the gospel of fatness," and a not inappropriate rhyme, as further characterizing the man, was readily found in "patness."

The manual has already had a considerable sale in the United States, and we wish it well. It is a book that every alienist should have on his shelf, or, better still, on his table.

A System of Practical Medicine by American Authors. Edited by WILLIAM PEPPER, M. D., LL. D., Provost and Professor of the Theory and Practice of Medicine in the University of Pennsylvania. Philadelphia: Lea Brothers & Co., 1885.

Seldom, if ever, has a more ambitious medical work been undertaken in America than this System of Practical Medicine, and we hail the appearance of the first volume with pride and satisfaction as a hopeful sign of the times. The undertaking is distinctly American, if we accept the word in its wider significance and include our neighbor Canada. The distinguished editor has secured the services as collaborators of men eminent in their respective departments, and hopes in the four volumes to present to the profession the whole field of medicine as it is actually taught and practiced in this country.

Volume I treats of Pathology and General Diseases and comprises upwards of a thousand pages. The article on Cholera by Professor Stillé will be read with interest in these days of a threatened epidemic, and so too will that by Dr. Billings on the cognate theme of

Hygiene. Professor Stillé has nothing but contempt for those who urge against the experiment of a rigid quarantine by land or sea the singular argument that such measures have not always excluded the disease. "This is taking council from despair; is a stupid fatalism which one might imagine to have been imported with the disease from the East, or it may be a sign of the unconscious blindness of mammon-worshippers, who, neither fearing God nor regarding man, have as little pity for the victims of cholera, permitted, if not invited, by them to scourge the nations, as devout Christians once felt for the negroes who were bought or kidnapped in Africa to toil and die under the lash of the slave-driver."

If the standard of excellence of the first volume is maintained in those which succeed it, we predict for the publication a hearty reception at home and abroad. The volume before us certainly reflects great credit and honor on American medical literature, and places all American physicians under a debt of gratitude to its distinguished and enterprising editor.

Insanity and Allied Neuroses: Practical and Clinical. By GEORGE H. SAVAGE, M. D., M. R. C. P., Physician and Superintendent of Bethlem Royal Hospital; lecturer on Mental Diseases at Guy's Hospital; joint-editor of "The Journal of Mental Science." With 19 illustrations. Philadelphia: 1884.

This volume is one of a series of clinical manuals published by Cassell and Company for the use of practitioners and students of medicine. The author has been an active worker in his specialty, and, as intimated in the preface, felt that he owed it to his position as physician to a large hospital to give the younger members of the profession the results of his more than twelve years' experience in Bethlem. Dr.

Savage has not done this; indeed, we should be sorry to think that, within the limits of a small manual like the one before us, it were possible for the distinguished author to embody the results of a particularly active and brilliant career.

As a handbook, a guide to practitioners and students, the book fulfils an admirable purpose. The many forms of insanity are described with characteristic clearness, the illustrative cases are carefully selected, and as regards treatment, sound common sense is everywhere apparent. As might be expected from the character of the book, though not from that of the man, pathology receives little consideration. It is to be regretted that while Dr. Savage was about it, he did not, or rather that he could not in view of the restricted scope of the work, give us the full benefit of his pathological researches. We repeat that Dr. Savage has written an excellent manual for the practitioner and student, but we may be permitted to add the hope that he may have leisure later to write a volume that shall be in every way worthy of his great name and attainments, as well as of the great medical school in which he teaches.

REVIEWS OF ASYLUM REPORTS.

MASSACHUSETTS:

Sixty-Seventh Annual Report of the McLean Asylum for the Insane, at Somerville, Mass., for the year ending December 31, 1884. DR. EDWARD COWLES.

There were in this Asylum, at date of last report, 165 patients. Admitted during the year, 113. Whole number under treatment, 278. Discharged recovered, 34. Much improved, 13. Improved, 10. Unimproved, 29. Died, 17. Total discharged, 103. Number remaining under treatment December 31, 1884, 175.

Under a provision of the law voluntary patients are received into this asylum and of the 113 admissions nearly one half, *i. e.* 53, were admitted as such upon their written application.

Among this number there were two not insane, being cases of alcoholism, and they were discharged as recovered and improved respectively. We think it would be much better to include such cases under the heading "not insane," as by classing them as recovered or improved among the insane, the statistics of the curability of insanity are invalidated.

In connection with this asylum there is a cottage at the seashore in Lynn, which during the summer season, is a source of pleasure and benefit to the patients.

The trustees of the Massachusetts General Hospital, of which this asylum is a branch, have organized a training-school to be known as the *McLean Asylum Training-School for Nurses*, for the purpose of giving women desirous of becoming professional nurses, a two years' course in training in general nursing, with special reference to the care of cases of nervous and mental disease.

The instruction will include the general care of the sick; the managing of helpless patients in bed, in moving, changing bed and body linen, making of beds, etc., giving baths, keeping patients warm or cool, preventing and dressing bed-sores; bandaging, applying of fomentations, poultices, and minor dressings; the preparing and serving of food, the feeding of helpless patients and those who refuse food; the administering of enemas and the use of the catheter; attendance upon patients requiring diversion and companionship; the observation of mental

symptoms; delusions, hallucinations, delirium, stupor, etc., and the care of excited, violent, and suicidal patients.

They will also be given instruction in the best practical methods of supplying fresh air, warming and ventilating sick rooms in a proper manner, and will be taught to take proper care of rooms and wards, in keeping all utensils perfectly clean and disinfected, etc.; to observe the sick accurately in regard to the state of the secretions, pulse, breathing, skin, temperature, sleep, appetite, effect of diet, of stimulants, and medicine, and the managing of convalescents.

The instruction will be given mainly by the superintendent of the Training-School, and by the supervisor and head nurses. Lectures and demonstrations will also be given at stated periods by the Asylum Medical Staff. Examinations, chiefly upon practical points, will take place from time to time.

The pupils will be employed as assistant nurses in the wards of the hospital, and will be paid fourteen dollars per month during the first year, and sixteen dollars per month during the second year, for their clothing and personal expenses. Their education during this time is considered as compensation for their services.

They will be required to wear at all times, while on duty in the wards, the hospital uniform dress. When the full term of two years is completed, the nurses thus trained will receive (after final examinations) diplomas certifying to their period of training, their proficiency and good character.

This asylum is richly endowed and the average cost per week *per capita* for the last year was sixteen dollars. It has been even higher.

Fifty-Second Annual Report of the State Lunatic Hospital at Worcester, Mass., for the year ending September 30, 1884.

DR. JNO. G. PARK.

There were in this Hospital, at date of last report, 731. Admitted during the year, 252. Whole number under treatment, 983. Discharged recovered, 53. Much improved, 36. Improved, 35. Unimproved, 51. Not insane, 2. Died, 57. Total discharged, 234. Remaining under treatment September 30, 1884, 749.

Dr. Park says that the population of the hospital has steadily increased and that now the limit of its comfortable capacity has

been reached. Twenty-two incurable patients were transferred to the State almshouse at Tewksbury, to make room for new admissions, but as the latter institution is also crowded, the question of what is to be done with the surplus is a serious one. As an answer to this problem, Dr. Park strongly urges provision for the separate care of the criminal insane, as well as increased capacity for the chronic cases.

PENNSYLVANIA:

Report of the State Hospital for the Insane, at Norristown, Pa., for the year ending September 30, 1884. Dr. ROBERT H. CHASE, Department for Men; Dr. ALICE BENNETT, Department for Women.

The statistical tables of the two departments of this Hospital are given separately, and each resident physician also makes a separate report, the two departments being entirely distinct in medical management.

There were in the men's department at the beginning of the year, 533 patients. Admitted during the year, 192. Whole number under treatment, 725. Discharged recovered, 57. Improved, 31. Unimproved, 10. Died, 55. Total discharged, 153. Remaining September 30, 1884, 572.

As will be seen by the above table there were 39 more patients in the hospital at the close of the year than there were at the beginning. The wards are much crowded and the demand for increased accommodations is very pressing. This can be best met, Dr. Chase thinks, by converting the present ward dining-rooms into dormitories and erecting a large central dining-hall in close proximity to the kitchen.

A notable feature of the year was the establishment of a pathological laboratory. The staff was also increased. Both these steps were in the right direction. Dr. Chase speaks favorably of paraldehyde, and says that it has produced sleep in some cases where chloral failed. He also considers it a very safe drug.

In the women's department there were at the beginning of the year, 473 patients. Admitted during the year, 162. Whole number under treatment, 635. Discharged recovered, 35. Improved, 13. Unimproved, 10. Died, 41. Total discharged, 99. Remaining September 30, 1884, 536.

Dr. Bennett says that gynæcological treatment has constituted a large part of the medical work of her department. She thinks

that in a few recent cases there seemed no reasonable doubt that such treatment assisted in and hastened the restoration to reason, and wisely remarks: "How often and to what degree uterine disease may act as a cause of insanity is difficult to determine and will require more extended observations."

Dr. Joseph Wigglesworth has given considerable attention to this subject, and in a paper "On Uterine Diseases and Insanity," published in the *British Journal of Mental Science*, for January, 1885, gives two tables. The first shows the condition of the uterus and its appendages in 109 insane persons as ascertained by examination after death, and the second the condition of the uterus and its appendages in 65 insane persons as ascertained by examination during life. From a study of the cases tabulated he concludes "that uterine abnormalities are of more frequent occurrence amongst the insane, than is commonly supposed," and advocates a more frequent resort to uterine examinations on the patient's admission. Although this course is strongly urged he adds the significant fact that he is "unable to bring forward any cases in which the recognition and treatment of uterine disease has been followed by the cure of the patient's insanity."

Report of the State Hospital for the Insane at Danville, Pa., for the year ending September 30, 1884. Dr. S. S. SCHULTZ.

There were in this Hospital, at date of last report, 327 patients. Admitted during the year, 201. Whole number under treatment, 528. Discharged recovered, 37. Improved, 32. Unimproved, 17. Not insane, 1. Died, 29. Total discharged, 116. Remaining September 30, 1884, 412.

Dr. Schultz calls attention to the importance of early treatment, and regrets that the dissemination of false views concerning the character of hospitals for the insane, often induces the friends of patients to keep them at home until they become hopelessly insane.

The majority of cases discharged recovered, remained under treatment for from three to six months, but quite a large percentage secured their health only after remaining under treatment two years or even longer, and a few cases ended favorably after a residence in the hospital of three years and over. This illustrates forcibly the necessity of continued treatment for discouragement and discontinuance of treatment at an earlier period, in the cases mentioned, would most likely have lost all.

Annual Report of the Western Pennsylvania Hospital at Dixmont, for the year ending October, 1, 1884. Dr. HENRY A. HUTCHINSON.

There were in this Hospital, at date of last report, 498 patients. Admitted during the year, 189. Whole number under treatment, 687. Discharged recovered, 28. Improved, 55. Unimproved, 19. Died, 69. Total discharged, 171. Remaining September 30, 1884, 516.

Dr. Joseph A. Reed, of whom an obituary notice was published in the last number of this JOURNAL, died on the 6th of November, and Dr. Hutchinson was elected to succeed him. During the year there were also several changes in the Board of Managers, five having died within the twelve months.

In other respects the year was an uneventful one.

Annual Report of the State Hospital for the Insane, at Warren, Pa., for the year ending September 30, 1884. Dr. JOHN CURWEN.

There were in this Hospital, at date of last report, 423 patients. Admitted during the year, 203. Whole number under treatment, 626. Discharged recovered, 36. Improved, 28. Unimproved, 33. Died, 46. Total discharged 143. Remaining September 30, 1884, 483.

Dr. Curwen says that the opinions generally entertained by the laity in regard to hospitals for the insane are founded on a condition of affairs which existed in England seventy-five or a hundred years ago, and for that reason he devotes nearly his entire report to a description of the medical, hygienic and moral management of a modern hospital for the insane.

The year was happily uneventful and without accident of any kind.

OHIO:

Eleventh Annual Report of the Cincinnati Sanitarium for the year ending November 30, 1884. Dr. ORPHEUS EVERTS.

There were in the Sanitarium at the beginning of the year, 52 patients. Admitted during the year, 135. Whole number under treatment, 187. Discharged recovered, 74. Improved, 28. Unimproved, 17. Died, 11. Total discharged, 130. Remaining under treatment at the close of the year, 57.

The ratio of recoveries on the number admitted was nearly 55 per cent, which is a remarkable showing. It is probably accounted for by the fact that the Sanitarium receives patients from the better and more educated classes, who realize the value of early treatment. Such results can scarcely be expected in public asylums, where the majority of patients are practically incurable when placed under care.

The Sanitarium is now in excellent condition, and the number of patients admitted during the past year was larger than ever before.

Twenty-Fifth Annual Report of the Longview Asylum at Carthage, Ohio, for the year ending October 31, 1884. Dr. C. A. MILLER.

There were in this Asylum, at date of last report, 662 patients. Admitted during the year, 220. Whole number under treatment, 882. Discharged recovered, 56. Improved, 53. Unimproved, 33. Not insane, 4. Eloped 4. Died 58. Total discharged, 208. Number remaining October 31, 1884, 674.

Dr. Miller's report is very brief, consisting of a diet table, which appears to be a good one, and a copy of some recommendations of the Special Grand Jury in regard to some needed repairs. Nothing of unusual interest occurred in the medical department during the year.

Eleventh Annual Report of the Asylum for the Insane at Athens, Ohio, for the year ending November 15, 1884. Dr. A. B. RICHARDSON.

There were in this Asylum, at date of last report, 635 patients. Admitted during the year ending November 15, 1884, 223. Whole number under treatment, 858. Discharged recovered, 96. Improved, 22. Unimproved, 69. Died, 63. Total discharged, 250. Number remaining November 15, 1884, 608.

This asylum like almost every other, is crowded to its utmost capacity, and Dr. Richardson advocates the construction of associated dining-rooms and the conversion of the present ward dining-rooms into dormitories, thus making room for one hundred and fifty more patients.

The asylum has been conducted on the same general plan followed during previous years, and with satisfactory results. Aside from two suicides the year was not marked by any unusual occurrences.

Thirtieth Annual Report of the Asylum for the Insane at Cleveland, Ohio, for the year ending November 15, 1884. Dr. JAMIN STRONG.

There were in this Asylum, at date of last report, 625 patients. Admitted during the year, 220. Whole number under treatment, 845. Discharged recovered, 87. Improved, 41. Unimproved, 63. Died, 37. Total discharged, 228. Number remaining under treatment November 15, 1884, 617.

Of the 220 patients admitted during the year 98 had been insane less than three months, and 19 less than six months. Nearly 50 per cent of those admitted, therefore, were in the early and more curable stage of the disease, and the unusually large number of recoveries, 39.99 per cent, is thus account for. This is a showing which but few asylums can make. Dr. Strong says that a rigid scrutiny is exercised in pronouncing upon the condition of those discharged, but despite the utmost care apparent recovery is often mistaken for real. He adds, what all asylum officers know, that it is impossible to furnish in an asylum such tests of recovery as are found in the outside world. "It is the difference between being safely moored in the harbor and being at sea contending with adverse winds and angry waves." Hence it is, that patients who have been discharged with every promise of recovery are occasionally returned as badly shattered as they were when first admitted.

In this report Dr. Strong gives an interesting review of the condition of the insane in the State. He says that of the 7,000 insane only a little more than one-half of that number are provided with asylum care. The asylum now in process of construction at Toledo will remedy this condition somewhat, but, as the work is going on very slowly, it will probably not be ready for occupancy before the spring or summer of 1888. By that time the accumulation will be nearly sufficient to balance the number provided for, and the condition then will be but little, if any, better than it is now. Dr. Strong urges immediate legislative action to provide for the insane uncared for in the north-eastern part of the State, as that section appears to be more in need of an asylum than any other. He suggests that there is some analogy between the building of an Ohio asylum and the pyramids of Egypt. As the Columbus Asylum was seven years in process of construction, and as the Toledo Asylum will be nearly as long, the facts would seem to warrant the suggestion. Hence his appeal

for further steps for the relief of the neglected insane before the completion of the asylum at Toledo.

The taxpayers of the State, Dr. Strong says, would gladly respond to a call in this direction. The fault is not with them, but "is due to the tenderness of political corns and the hesitation of sensitive legislators."

"These reflections," he adds, "lead irresistibly to the conclusion that the State benevolent institutions should be placed above the reach and beyond the control and influence of politics." He speaks of the wretched results and evils which flow from the changes which occur in the boards and officers of these institutions, on purely political grounds, and says that both parties are equally blameworthy. One does it, and the other on attaining power is sure to do it. As the two great political parties alternate generally in the control of the government every two years, it follows, as a matter of course, that if changes in the management of these institutions are to be of equal frequency, "instability, confusion, and demoralization must largely characterize the administration of their affairs."

He continues, "As already stated, the neglect of the insane who are without asylum care in Ohio can not be attributed so much to reluctance on the part of the taxpayers, as the timidity and refusal of legislators to appropriate the necessary funds." As a remedy for this he advocates the adoption of the system in vogue in New York State, by which pay is received from those patients who are able, while the counties are required to reimburse the State for the care of the dependent insane, in a sum equal to their support. The revenue derived from such a plan would so much lessen the appropriation bills that the legislature would not be frightened into "masterly inactivity," but "courage would come to the lawmakers and hope to the people, and the problem, heretofore considered so difficult, would soon prove to be one easy of solution."

This report is an interesting review of the condition of the insane in Ohio, and will well repay a careful perusal.

ILLINOIS :

Eighth Biennial Report of the Northern Hospital for the Insane at Elgin, Illinois, for the Biennial Period ending October 1st, 1884. Dr. E. A. KILBOURNE.

There were in this Hospital, at date of last report, October 1st, 1882, 520 patients. Admitted during the two years ending September 30th, 1884, 257. Whole number under treatment, 777. Discharged recovered, 84. Much improved, 51. Improved, 17. Stationary (unimproved), 54. Died, 36. Not insane, 2. Total discharged, 244. Number remaining October 1st, 1884, 533.

Dr. Kilbourne says that the census statistics show that the number of insane in the State of Illinois is constantly increasing. It is estimated that the number now reaches at least five thousand. Of this number between twenty-two and twenty-three hundred are cared for in the State institutions, and when the buildings in course of construction in Kankakee and Jacksonville are completed there will be accommodations for about thirteen hundred more. If the number cared for in the Cook county asylum at Jefferson, and the two private asylums at Batavia and Jacksonville be included, the extreme capacity of accommodation of all the hospitals in the State is only about four thousand, thus leaving one thousand unprovided for. The necessity for increased accommodations is, therefore, quite urgent. Dr. Kilbourne advocates, by way of solving this pressing question, the addition of cheap detached buildings, rather than by the purchase of new lands and the erection of new asylums.

The greater part of the report is taken up with an account of improvements and alterations made in the buildings during the two years preceding, and the question of the adaptability of the incandescent electric light to purposes of illumination in buildings of this class receives considerable attention, and its introduction is strongly urged. Since the publication of this report Dr. Kilbourne's suggestions have been adopted, and in a letter to the editor of this JOURNAL, under the date of March 13th, 1885, he writes:

"It has been introduced in this institution, supplanting gas altogether for illuminating purposes, and I am pleased to say, with the most satisfactory results. The system is that known as 'Edison's Incandescent,' and since the installment of the plant on January 1st of this year, we have been brilliantly lighted throughout the building, and at a cost of less than one-half of

that heretofore paid for gas; and, now, since the exhaust steam from the engine has been turned into our heating mains, and made to do double duty, viz., light and warm the building at the same time, the actual cost of the light has been reduced to a mere bagatelle.

"We have now been lighted by this method between two and three months, the light being mellow and uniformly steady,—indeed all that could be desired,—and the economy of production far exceeds our most sanguine expectations.

"It is *par excellence* the light for dwellings for the insane; no interruption in its working, no accidents, no trouble of any kind has been experienced since it has been in operation.

"On the score of healthfulness, economy and safety, I believe no institution can long afford to be without it. We have some 635 lamps, each of a guaranteed power of sixteen candles, distributed throughout the house, and all under the control of switches properly located so that groups of lights can be turned on or off as desired.

"These lamps take the place of some 730 gas jets, no one of which, however, has been in use since the electric light was turned on.

"The substitution of this form of illumination for gas has been so pleasing and satisfactory in every way, that I could no longer withhold this bit of information from you.

"I believe this is the first hospital in the United States that has been lighted in this manner; at least so I am assured by the Edison Light Company, of Chicago."

Certainly no stronger proof of the advantages of the incandescent electric light could be asked for, and we hope that, while we do not envy him his priority, Dr. Kilbourne will ere long be unable to say that his institution is the only one in which this important improvement has been introduced.

Fourth Biennial Report of the Illinois Eastern Hospital for the Insane, at Kankakee, for the Biennial Period ending October 1, 1884. Dr. R. S. DEWEY.

There were in this Hospital, at date of last report, October 1, 1882, 326 patients. Admitted during the two years ending September 30, 1884, 599. Whole number under treatment, 925. Discharged recovered, 76. Much improved, 34. Improved, 69. Stationary (unimproved), 44. Died, 63. Total discharged, 286. Number remaining October 1, 1884, 639.

Since the publication of the last report the capacity of this institution has been increased to fifteen hundred, in order to provide for the chronic insane heretofore placed in the county houses and jails throughout the State.

In speaking of the "Employment of Inmates," Dr. Dewey says that "it is but natural that a large number of insane persons, the very ones, in most asylums, who are most capable of being usefully employed, should refuse to labor for an institution which deprives them of liberty, without any reason they can appreciate, and then ask them to labor without reward, and I am confident that if the State should authorize the moderate remuneration, under proper restrictions, of such patients, a large return would be received, both in advantage to the institution and in benefit to the patient." The practice of compensating working patients for their labor has been tried in some of the British asylums, to a limited extent, and with good results, and it is a question which is well worthy of careful consideration.

Two fatal accidents occurred to paroled patients during the two years. One man, who had never shown suicidal tendencies, committed suicide by drowning; and another, an epileptic, fell into a tank of hot water in the laundry, during a seizure, receiving such severe injuries that death ensued. He was not regularly employed in the laundry, but merely wandered in during noon hour, before work had begun. While such accidents are greatly to be deplored, we are constrained to believe with Dr. Dewey that no human foresight can prevent them. In each of the above cases the coroner was notified, and an inquest held.

Dr. Dewey speaks highly of the advantages of the "detached wards," and adduces the small number of elopements from these latter in comparison with the number from the "close" wards, as evidence of increased contentment. While not in the slightest degree disputing his ideas, we would suggest that this fact may also be explained in another way, namely, that unusual care is exercised in assigning patients to such wards, only the more trustworthy being thus favored. Three detached buildings have been in use for nearly four years. They accommodate two hundred patients. Their advantages were so many and their disadvantages so few, that when it was decided to increase the capacity of the asylum to fifteen hundred it was done by the erection of twelve detached buildings, at an expense of \$400 per patient. Of this number two are infirmary wards for 50 patients each. A third, which is called the "Relief," accommodates 85 male patients, 35

of the more dangerous class being in a specially secure ward, and 50 epileptics being in other parts of the building. This we think an excellent plan. Only four of the new buildings were occupied at the time of writing the report, but it is expected that in less than half a year a thousand new patients will be received. As only about fifty out of the whole number can be accommodated in single rooms the question of their proper classification is fraught with much anxiety. In order to guard against accidents all the new ones first pass through the main building, where they remain for a time under observation before being transferred to the detached buildings. This precaution, together with the efficient night service, it is hoped will be sufficient to prevent casualties.

We wish Dr. Dewey all success in his new undertaking, and shall anxiously look for his next report.

ARKANSAS:

First and Second Annual Reports of the Arkansas State Lunatic Asylum at Little Rock, for the years 1883 and 1884.
Dr. C. C. FORBES.

This Asylum was opened in March, 1883, and shortly afterward patients began to be sent in numbers daily, until all the jails which had been used as places of confinement for the insane were relieved of such occupants, thus removing all the circumstances of distress in the care and custody of the insane previously existing. Within a year the wards were filled beyond the original calculation of their capacity.

Previous to the opening of the asylum, the Legislature had enacted as follows: that "it shall be the duty of the superintendent of the asylum, as soon as the building is ready to receive patients, to apportion to each county the number of patients it will be entitled to take in; as the terms of the proportion the number of inhabitants in the State, the number in the county, and the number of patients the institution will accommodate; the last census of the United States to be the basis as to number of inhabitants." This was done and notice given to the proper authorities. A few counties have more than their respective quota in the asylum. Others have not their complement. In case of application from a county not having its full quota, a selection is made, as prescribed by the law, from the number belonging to the county having the largest number over its proportion, and one is discharged to make room for such applicant.

From the date of opening up to the close of the year 1883, there were 305 patients admitted. Of this number 41 were discharged recovered or more or less improved, and 17 died, thus leaving under treatment at the end of the year, 247 patients.

The second annual report is bound with the first, and in it we find that 82 patients were admitted during the second year, and 85 discharged. We are glad to notice that instead of grouping all the discharges under the head of "recovered or more or less improved," as was done in the first report, a more careful classification is presented, which is as follows: Recovered, 42. Improved, 11. Not improved, 9. Escaped, 1. Not insane, 1. Died, 21. Total remaining under treatment December 31, 1884, 244.

During the second year the only unusual occurrence was an epidemic of measles which spread through the female wards, until there were forty cases before its subsidence. No case was fatal and none was attended with any untoward consequences.

As has already been said within half a year of its opening the asylum was filled to its utmost capacity, and an equilibrium has only been maintained by remanding patients back to their respective counties, where a redundancy existed, thus re-establishing, in a measure, the condition in the care of the insane, which the erection of this asylum was intended to overcome.

During the year, in order to ascertain the probable number unprovided for, Dr. Forbes sent circulars to the county authorities with inquiries to that effect. Responses were received from about two-thirds of them, and from them it is estimated that the number approximates one hundred and fifty. It is evident, therefore, that the asylum must be enlarged, or that its doors must be closed against many who need its accommodation and care.

NEVADA:

Biennial Report of the Insane Asylum at Reno, Nevada, for the years 1883 and 1884. Dr. S. BISHOP.

There were in this Asylum, January 1st, 1883, 140 patients. Admitted during the two years ending December 31st, 1884, 78. Whole number under treatment, 218. Discharged recovered, 24. Much improved, 2. Improved, 7. Unimproved, 4. Died, 20. Elopel, 1. Total discharged, 58. Number remaining December 31st, 1884, 160.

Dr. Bishop devotes considerable space to the question of the curability of insanity. He modestly says that his own limited experience as an asylum physician precludes his advancing an opinion on this abstruse subject, and he, therefore, quotes quite extensively from the writings of Dr. Pliny Earle, with whose ideas our readers are familiar.

The medical treatment conforms to the usual asylum practice. Occupation is furnished as far as possible, and has been found a valuable aid in quieting and restoring patients, the only difficulty being in finding work enough for them to do.

The report closes with the usual statistical tables, and among them we are sorry to find one which is quite unusual, and in our opinion wholly unjustifiable. We refer to the statement showing the list of patients admitted from the opening of the asylum, in which the names in full, the age, the date of admission, the county, the place of birth, and the supposed cause of the insanity are given. We here find persons, whose names, as we have said, are given in full, whose insanity is assigned as due to masturbation, drunkenness, losses at gambling, syphilis, etc. Many of the unfortunate patients thus branded as masturbators, drunkards, gamblers and syphilitics have been sent out again to mingle with the world, and who can estimate the unhappiness and misery which this injudicious publicity of their weaknesses and sins may bring, not only to them, but to their relatives and friends. The knowledge gained by a physician, either in or out of an asylum, in regard to the lives and habits of his patients, should be held sacred by him, and should never be used except in the interest of the patients themselves. We can not see the slightest benefit to be derived from the course adopted in this report, while the harm it may do is incalculable.

Another exception which we must take to this table is that among the causes of insanity as there set down, there are some which it would have been better to have left out. For instance, "religion," "drugged," "poison," "derangement of mind," "inflammation," and "crime" are assigned as causes. It can not be denied that it is often extremely difficult to settle upon any definite cause, but certainly it would be better to increase the number of cases in which the cause was unknown rather than to bring the scientific attainments of asylum officers into discredit, and to make doubtful the value of more careful investigations, by assigning the production of insanity to such causes as those above mentioned.

This asylum is not yet crowded, and it is a pleasant relief from the cry for "more room," which comes from almost every State, to find that Nevada has sufficient room for all of her insane, and will have for at least two years to come.

OREGON:

First Report of the Oregon State Insane Asylum at Salem, for the Biennial Period ending November 30, 1884. Dr. H. CARPENTER.

Although this is called the first biennial report it does not represent the time which that term would indicate, as the asylum was not formally opened until the 20th of October, 1883, and the first patient was not received until two days thereafter.

From the date of its opening to the 30th of November, 1884, there were admitted 552 patients, Of this number 184 were discharged, as follows: Recovered, 55. Improved, 73. Unimproved, 5. Not insane, 2. Died, 46. Eloped, 3. The number remaining under treatment December 1, 1884, was 368.

Subsequently to the opening of this asylum, the insane of the State were under the care and control, at East Portland, of Dr. S. E. Josephi and Mrs. J. C. Hawthorne, as representatives of the estate of Dr. J. C. Hawthorne, deceased, who had held the contract for some years. On the 22d, 23d and 24th days of October, 1883, 268 males and 102 females were transferred from the care of the private contractors above mentioned to this asylum. Among this number were fifteen insane persons belonging to Idaho Territory, who had also been previously kept at private contract by Dr. Hawthorne and his successors. They will hereafter, as will all the insane of that Territory, be cared for at the Salem Asylum under contract with the Idaho authorities.

Under this new system, by which the State cares for her own insane, a saving is made of two dollars per week per capita over the former contract rates. If such a result has been obtained despite the many disadvantages attending the organization of so large an institution, still more gratifying results may be expected in the future.

DAKOTA:

Third Biennial Report of the Dakota Hospital for the Insane, Yankton, for the two years ending November, 30, 1884. Dr. A. M. AVERY.

There were in this Hospital, at the close of the last biennial period, 51 patients. Admitted during the two years ending November 30, 1884, 180. Whole number under treatment, 231. Discharged recovered, 41. Improved, 12. Unimproved, 2. Eloped, 8. Died, 8. Number remaining November 30, 1884, 153.

According to the statistics above presented there should have been 160 patients under treatment at the close of the biennial period, and a foot-note is therefore appended, in which Dr. Avery says: "A discrepancy of seven patients is here unavoidably reported, as there are no remarks on the record book of the disposal of this number." It seems strange that such an error should have occurred, but as in the present report the number discharged is said to be 55, whereas it should be 71, the eight who eloped and the eight who died not being classed among the discharged, the error may have occurred in that way.

The number of patients admitted during the last two years was greater than that of any previous biennial period since the opening of the institution.

The erection of an additional wing is urged, and we are glad to notice that the trustees recognize the necessity of appointing an assistant physician.

NOTES AND COMMENTS.

FIRE IN LUNATIC ASYLUMS.—The past quarter has been a painfully eventful one in the matter of asylum fires in America. On January 18th ult., the south infirmary of the Illinois Eastern Hospital for the Insane at Kankakee, Illinois, was burned down and seventeen patients lost their lives. The fire spread with great rapidity partly on account of the inflammable southern pine of which the hospital was built, but chiefly on account of the utter inadequacy of the water supply. The urgent need of an efficient fire service had been pointed out to the legislature, but the appeal was unheeded, or at all events the sum voted was quite insufficient to meet the case. Seldom, if ever, has a legislature's niggardliness been responsible for so cruel a human sacrifice, for it seems pretty clear that had the necessary apparatus been at hand, the flames might readily have been held in check. Of willing and able helpers there was no lack, and too much can not be said in praise of Dr. Dewey, the superintendent, who was untiring in the work of rescue.

The burned hospital had two stories, and was only completed last August. It contained forty-five patients. The incidents of the fire were sickening in their horribleness. But few of the bodies discovered bore any resemblance to human forms. Many of the patients having been dragged by the rescuers from the building, rushed back, like horses in a burning stable, into the smoke and flames to perish. It is related of Dr. Dewey that, aided by an attendant, he placed a ladder to the windows of a distinguished inmate, Hon. H. W. Belden, ascended it, broke the glass with his hands, but, being unable to break the sash, descended for mechanical help. By the time the superintendent reascended, the agonizing shrieks of the patient had died away, and the smoke and flames from his window rendered assistance impossible, even if the victim had been alive. Nothing daunted, he hurried to another window whence cries for help issued, and succeeded in dragging through the flames and bearing safely to the ground a man weighing 180 pounds.

Unfortunately the building was heated by furnaces, of which there were four in the building, instead of by steam. The fire originated in the floor above one of these. The top of the furnace is covered by a plate of boiler iron, upon which are laid two

courses of brick set in plaster. It was originally intended to heat all the buildings with steam, but an insufficient appropriation by the legislature compelled the substitution of furnaces. The burned building with its furniture cost about \$25,000.

On February 3, 1885, an alarm of fire was raised in the Maryland State Hospital for the Insane, at Spring Grove, Baltimore, and the lives of 420 patients were placed in jeopardy. Preparations were making for the weekly dance, when, in lighting the gas, some evergreens were ignited. The flames spread quickly to the wood-work but were fortunately subdued by hard work before any serious damage had been done.

Nine days later, on February 12, a terrible fire, attended with great loss of life, occurred at the Insane Department of the Philadelphia Almshouse.

The eastern end of the Insane Department was discovered to be on fire shortly after eight o'clock in the evening. The flames originated in the drying room under the third floor, on which were twenty rooms for the confinement of violent and other patients. Nineteen of these were occupied. Efforts to reach the occupants from the inside were futile on account of the smoke, flames and heat.

Some time elapsed before the fire department reached the building. Meanwhile little or nothing could be done, for there was no fire apparatus, and the flames rapidly gained headway. The eastern end of the building, which is a three story brick structure, overlooks the river Schuylkill. The burned wards front in this direction, and it was at the northeast corner that the greater number were locked up. The windows of the top floor are sixty feet at least from the ground. Agonized faces peered through the panes and cried aloud for help. When the engines arrived, the water mains were found totally inadequate to furnish the needed water supply. The pipes inside the grounds were only four inch mains, while the street mains, instead of being fully twenty inch, were only eight inch. No wonder the flames spread—no wonder twenty lives were lost! It argues much for the devotion of the fire department that the human sacrifice was not greater.

As in the case of the Kankakee fire, the great loss of life was due to preventable causes. The provision for escape was utterly inadequate, and while there were plenty of fire-plugs, the water supply was ridiculously insufficient. The dangerous character of the structure was pointed out by Drs. Weir Mitchell, Wood and Mills,

the consulting staff of the insane department in a prophetic report to the Guardians of the Poor on January 30th. Little or no action was taken by the authorities on the strength of this document. Too much can not be said in condemnation of the how-not-to-do-it policy which has for so many years characterized the action of the Guardians of the Poor of Philadelphia with regard to this institution. The fearful sacrifice of life rests upon their heads and no subsequent liberality can atone for the crime.

We have one more fire to record as having occurred since our last issue. The asylum at Indianapolis, Indiana, was somewhat damaged by flames during the month of February. In this case what threatened to be a catastrophe almost as serious as those referred to above, was promptly averted by efficient measures. We understand that the so-called "hand grenades" did good work in the emergency.

THE DURHAM DIVORCE CASE.—The question of insanity as a ground of divorce has recently attracted great attention in England in connection with a suit brought by Lord Durham for nullity of marriage on the ground that his wife was insane at the time of the contract of matrimony. Whether sane or insane, it seems certain from the evidence, that Lady Durham, who is indubitably insane now, was possessed of powers of mind far below the average, and this notwithstanding the opinion of Sir William Gall, who failed to recognize more than deranged bodily health. A mass of conflicting testimony was given on the trial on this point. But Sir James Hannen, in delivering judgment, claimed at the outset that the contract of marriage was a very simple one, which did not require a high degree of intelligence to comprehend. He came to the conclusion, after an elaborate summing up of the testimony, that the symptoms observed by three physicians who had been called for the petitioner, namely, Drs. Blandford, Playfair and Matthews Duncan, did not exist before the respondent went to Cannes, and drew the inference that the change in her mental condition from sound to unsound mind occurred at that place, and had not arisen at the time of her marriage. He therefore found that the petitioner's case was not established, and dismissed the petition with costs.

Exception has been taken to this decision in certain quarters, though probably chiefly on sentimental grounds. Lord Durham possesses vast estates in England, and thus loses the prospect of an heir to them. But however little his wife may have appre-

ciated the nature of the marriage contract, there can be no doubt Lord Durham himself knew full well what he was about. As Sir James Hannen observed, the following words are no doubt applicable to his Lordship's case: "Who knows not that the bashful muteness of a virgin may oftentimes hide all the unliveliness and natural sloth which is really unfit for conversation?"

THE MORRIS PLAINS ASYLUM.—We learn that Dr. H. A. Buttolph, for many years superintendent of the Morris Plains Asylum, New Jersey, has resigned his position and retired into private life. The mere fact of retirement, in the case of a physician advanced in years, who can well afford to rest upon well-earned laurels, is in itself not regrettable; but we grieve to hear that occasion is to be taken of Dr. Buttolph's resignation to institute in the management of the asylum a radical change, whose propriety we feel constrained to question. We allude to the entire separation of the business from the medical administration of the institution. The total judgment of American, and indeed of all, alienists is against such management, and our Association has again and again raised its voice in favor of single control. The objections inherent in the dual plan of control are so obvious as not to call for statement. Meanwhile, Dr. E. E. Smith is Acting Superintendent, and the announcement is made that the managers are now looking for a man of "advanced views on insanity" and of "national reputation" to take the place of "Medical Director," when the way is opened for such appointment.

After all these years of service, Dr. Buttolph may surely derive great comfort and pleasure from a retrospect of labor faithfully performed in behalf of the insane, at Utica, Trenton and Morris Plains, and we trust he may yet be vouchsafed many years of life in which to do so.

BRITISH CORRESPONDENCE.—The New Lunacy Bill, the advent of which was foreshadowed in the discussion raised in the House of Lords last session, is on the eve of being revealed. The first hint on the subject appeared in the *Times* a few weeks ago, when an apparently inspired article came out on the subject. If this article approaches the truth, even in its bare outlines, the measure will be of a very drastic character. From headquarters downwards the reformers have found much that appeared worth altering, but a storm has been brewing in the medical circles ever since the article in the *Times* appeared, and conflicting interests are making their voices heard on all sides.

—CONSIDERABLE feeling has been engendered of late among medical men on account of the frequency with which medical certificates of lunacy have been called in question, and because of the increasing practice of suing medical men for damages in respect of such certificates. As a natural result of this a strike is likely to arise against signing certificates at all, and already refusal to sign is becoming a too common practice. What the upshot will be is hard to say. For this and other reasons the arrival of the new Lunacy Bill is awaited with quickening curiosity.

—THE quarterly meeting of the Scotch branch of the Medico-Psychological Association was held at Edinburgh on the 27th February. The bill of fare was meagre. The hand-book for attendants was finally disposed of by a resolution authorizing the publication of a thousand copies. Dr. Carlyle Johnson read a short clinical paper on "A Case of Acute Suicidal Melancholia," of apparently hopeless character, which after twenty months' treatment showed signs of recovery, when the patient was convalescent from an attack of diarrhœa with simple fever.

RESIGNATION OF DR. BRUSH.—Dr. Edward N. Brush, who for six years has been on the medical staff of the State Lunatic Asylum at Utica, and who during that period has acted as one of the Associate Editors of this JOURNAL, resigned his position as First Assistant last December, to act in a similar capacity at the Pennsylvania Hospital for the Insane, where he has been placed in charge of the Male Department, under the superintendency of Dr. Jno. B. Chapin. We are sensible of the loss which the Asylum and JOURNAL have sustained in the resignation of an able assistant-physician and associate-editor, and congratulate the Pennsylvania Hospital for the Insane on its recent acquisition.

INTERNATIONAL MEDICAL CONGRESS.—The Executive Committee of the International Medical Congress, under the able Secretary-Generalship of Dr. John S. Billings, is already at work, and has published its Rules and Lists of Officers. The following list of names comprises the officers of the Section of Nervous Diseases and Psychiatry:

President: S. Weir Mitchell, M. D., Philadelphia. Vice-Presidents: Charles F. Folsom, M. D., Boston; John P. Gray, M. D., LL. D., Utica, N. Y.; J. S. Jewell, M. D., Chicago. Secretary: Charles K. Mills, M. D., Philadelphia. Council: Roberts Bar-

tholow, M. D., LL. D., Philadelphia; Allan McLane Hamilton, M. D., New York; Walter Hay, M. D., LL. D., Chicago; Francis T. Miles, M. D., Baltimore; James J. Putnam, M. D., Boston; Samuel G. Webber, M. D., Boston; Horatio C. Wood, M. D., Philadelphia; John P. Van Bibber, M. D., Baltimore.

THE INDEX MEDICUS.—Drs. Jno. S. Billings and Robert Fletcher announce that Mr. George S. Davis, of Detroit, has undertaken to continue the publication of the *Index Medicus*, on the same general plan, and with the same regard to typographical accuracy and finish, as heretofore. On account of the delay required to perfect this arrangement, the first number of the Journal for the current year will comprise the literature of January, February and March, after which it will appear monthly as usual. At the end of the year, in addition to the usual annual index of names, subscribers will be furnished with an index of subjects to the volume.

We may congratulate the profession on Mr. Davis' public-spirited determination to carry on the enterprise in spite of the fact that thus far it has not been pecuniarily remunerative.

It is requested that all exchanges, and books and pamphlets for notice, be sent to the *Index Medicus*, Washington, D. C.

BERLIN AS A MEDICAL CENTRE.—There will be issued by the New England Publishing Co., Sandy Hook, Conn., during the month of May, a book entitled "Berlin as a Medical Centre," by Horatio R. Bigelow, M. D., of Washington, D. C. This will be a complete and accurate medical guide to Berlin, giving instructions in reference to board, clinics, lectures, expenses, etc., and all information that will be necessary for the medical student abroad.

OBITUARY.

DR. W. A. F. BROWNE.—The announcement of the death of Dr. Browne will not take any of our readers by surprise. The veteran alienist, who had attained his eightieth year, died March 2d, somewhat suddenly, though he had been in feeble health for some time.

He was educated at the High School, Stirling, and studied and graduated in medicine at Edinburgh University. He early interested himself in Phrenology, and was an intimate friend and ardent admirer of George Combe. As Superintendent of Montrose Asylum, and afterwards of the Dumfries Royal Institution, he did good work. In 1857 he was appointed Commissioner of the Scotch Lunacy Board. Fifteen years ago Dr. Browne lost his eyesight in consequence of a carriage accident. From this time he resigned his commissionership. But his blindness did not put a stop to his literary activity, and he has since frequently contributed articles on psychological subjects to the medical journals.

Dr. Browne was the father of Dr. Crichton Browne.

DR. WILLIAM BRAITHWAITE.—The death is announced of the well-known English physician and surgeon, William Braithwaite, the founder of *The Retrospect of Medicine*, who died at his home in Leeds on January 31. He was in his seventy-eighth year. The *Retrospect* will be published as before under the editorial charge of Dr. James Braithwaite, who acted for several years as co-editor with his late father.

